

Client Service Agreement

1. I authorize East Coast Asset Recovery Management Corp. ("East Coast"), its agents and/or attorneys to pursue the execution of the the aforementioned judgment and to negotiate, settle and collect all available assets of the debtor.
2. All payments shall be made directly to East Coast and proceeds shall be paid to the creditor within thirty (30) days of clearance.
3. I certify that the aforementioned judgment has not been satisfied either partially or fully, vacated, modified, or discharged in bankruptcy and/ or rendered unenforceable in any way whether by agreement or by court order.
4. I represent and certify that I have not remitted the judgment submitted to East Coast herein to any other collection agency or attorney for collection of the debt. I agree to indemnify and hold East Coast, its attorneys, and agents harmless from any claims, damages and or litigation arising from the Judgment Creditor's violation of this provision.
5. I agree that in the event it receives any payment directly from the debtor in reduction of the judgment amount, I will notify East Coast immediately and shall forward payment for the commission due to East Coast to their office within (10) days.
6. I agree that East Coast shall only enforce said judgment and shall only be responsible for the same. Any and all post judgment litigation and/ or any Orders to Show Causes or litigation that may arise will not be handled by East Coast or their attorney unless agreed to in a separate retainer. I agree that in the event any litigation arises, I will retain my own counsel or proceed as a *pro se* litigant. In the event a settlement is made pursuant to litigation or an Order to Show Cause, East Coast shall still be entitled to their fee.

Signed _____

Title _____

Print Name _____

Phone _____

Date _____

Email _____

Judgment Information

Judgment Index Number _____ Filing Date _____ Award Amount _____

Debtor Information

Judgment Debtor(s) Name _____ Title _____

Address _____

Phone: _____ Email _____

Tax Id or SSN (If available) _____ Bank Information (If available) _____

**Please attach a copy of all paperwork regarding your claim.
Include copies of any debtor bank information you may have.
Additional documentation can expedite the collection effort.**

Additional Information _____

RETURN THIS FORM, AND ANY ADDITIONAL DOCUMENTATION REGARDING YOUR CLAIM.

Asset Recovery Management, 90 Forest Avenue, Suite D, Glen Cove, NY 11542
Phone 516-727-4966 Fax 516-727-4998 info@eastcoastrecovery.com