

John Postl, P.C.
NEW ACCOUNT PLACEMENT FORM

Make a complete copy of this form, attach pertinent back up documentation and mail, fax or email to:

John O. Postl
 Attorney At Law
 21 Mayor Thomas J. McGrath Highway Suite 404
 Quincy, MA 02169
 Phone: (617) 423-6400 Fax: (617) 507-5999 fax Email: Claims@johnpostlpc.com

The following account is being placed with John O. Postl, Esquire (“Attorney”) to begin collection effort as soon as possible after a complete conflict of interest check of the firm’s records.

ACCOUNT NAME	BUSINESS OR PERSON	AMOUNT DUE
		\$

Please check one:

- Attorney shall be entitled to be paid a contingent fee equal to 50% of the amount collected on balances placed for less than \$1,000.00; and a contingent fee of 33.3% of any amount collected on balances placed in excess of \$1,000.00. If the service(s) of another collector or attorney are deemed necessary, we shall retain such collectors or attorneys on your behalf at no additional charge to you. We will not file a lawsuit without your prior permission. You will advance all court costs, including filing fees, fees for service of process, deposition transcripts, etc. as those costs are incurred. In addition to the contingent fee, we reserve the right to charge an hourly fee in defense of any counter-claims or cross suits. In the event of an appeal or if a second trial becomes necessary, the Client shall pay a contingent fee of 40%.
- Client shall pay a retainer of \$ _____ and attorney will bill against the retainer at the hourly rate of \$ _____
- Client shall pay a placement/suit fee of \$ _____ which shall/ shall not be credited toward any contingent fee earned by Attorney.

Client agrees to inform attorney of all incoming contact from the debtor and/or payments made by the debtor immediately and that Client will not attempt to contact the debtor after placement with Attorney. Client agrees to pay the Attorney a fee on any payments received by Client directly from debtor after Attorney has made demand for payment on debtor.

Client grants Attorney permission and authority to accept payments on behalf of client, deposit said payments to the firm’s client trust account and remit the net balance to client after the applicable Attorney’s fee has been deducted.

Client agrees to accept or reject any offer of settlement within 48 hours and that any proposed payment plan which would pay the entire balance within 6 months may be accepted or rejected at the discretion of Attorney.

 Client Company Name

X _____
 Authorized signature

 Address

 Title

 City, State, Zip

 Telephone Number

 Date Signed