



*Sentry Risk Solutions, LLC  
P.O. Box 17376  
Winston Salem, NC 27116  
Tel. 336.760.8557 Fax 336.293.4815*

**Client Information:**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Type: \_\_\_\_\_

AGREEMENT, made this date \_\_\_\_\_, between **Sentry Risk Solutions, LLC**, hereinafter referred as “AGENCY” and \_\_\_\_\_, hereinafter referred to as “CLIENT” that “CLIENT”’S delinquent accounts placed with AGENCY are valid, uncontested, and subject the terms and conditions of the following agreement between the parties:

1. The AGENCY shall conduct all collections practices within Federal, State, and local laws as well as maintain a courteous, professional, confidential, and business-like approach in the collections process.
2. The AGENCY agrees to accept CLIENT’S delinquent accounts at the contingency or fixed fee rate indicated below as chosen by the CLIENT from the rate sheet, for a minimum period of 6 months.
3. Sums received from the collection of CLIENT’S accounts shall be deposited in a separate trust account maintained in a bank, the deposits of which are insured by the FDIC, for the CLIENT. The AGENCY shall provide monthly statements with all pertinent information regarding collected accounts.
4. All sums received by AGENCY on the delinquent accounts will be remitted to CLIENT, less AGENCY’S collection fees. CLIENT shall report to AGENCY any payments received from debtor once AGENCY has commenced collections. Any fees due AGENCY resulting from payment received directly by CLIENT from debtor or insurance are due and payable to AGENCY upon receipt of statement.

In the event CLIENT makes payment arrangements with debtor once accounts have been placed with AGENCY, full fees will be payable to AGENCY.

5. Placement of delinquent accounts shall be made by CLIENT providing AGENCY debtor's information to include but not limited to debtor's name, address, current balance, delinquency date /status, telephone numbers, CLIENT'S account number, and social security number.
6. CLIENT shall report to AGENCY any changes in the status of accounts as a result of debtor bankruptcy, counterclaim, or insurance claim.
7. CLIENT authorizes AGENCY to report any delinquent accounts placed for collection with AGENCY to one or more of the three major credit reporting agencies.
8. AGENCY will not offer or accept settlements less than 90% of balance owed, without prior approval from CLIENT. AGENCY will not initiate any legal action against debtor without prior approval of CLIENT.
9. AGENCY shall hold CLIENT harmless from any actions of the AGENCY'S employees. CLIENT shall hold AGENCY harmless from any activities of CLIENT'S employees.
10. This agreement may be terminated by any party giving a thirty (30) day notice in writing. Accounts with active payment arrangements shall remain with AGENCY until the payment arrangements end.

This agreement is entered into by and between AGENCY and CLIENT, this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_ by their duly authorized and empowered representatives.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fee Option chosen: \_\_\_\_\_

Agency Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_