

**BIZDEBTS.COM**  
**INSTRUCTIONS FORM**

To: Prospective BizDebts.com Clients  
From: B. Brittin Fisher, Esq.  
BizDebts.com / Law Offices of B. Brittin Fisher, Esq.  
Re: Commencement Documents.  
Send To: Law Offices of B. Brittin Fisher, Esq. / BizDebts.com  
National Processing Headquarters  
402 W. Broadway, Suite 400  
San Diego, CA 92101  
Email: info@bizdebts.com  
Tel: (800) 350-3321  
**Fax: (800) 350-3621**

As discussed, please read, complete and have the enclosed documents properly signed. Once completed, please fax back the completed documents, together with any other necessary and assisting documentation. Upon receipt of your submission, we will contact you to confirm acceptance and commencement of your case.

Useful information and/or documents:

- Creditor's name, contact person, address, telephone number, fax number, and email address.
- Necessary account information, such as the most recent debt notices, last statement received, relevant contracts, letter you have issued to, or received from, collection personnel or company.
- Total amounts for each debt owed, including any associated interest, penalties, fees, costs or expenses, if known. If not, please approximate to the greatest possible amount owed.

PLEASE NOTE: With regards to the "Authorization & Power Of Attorney" form:

- Please print and fill out one "Authorization & Power Of Attorney" form per each person or company associated with, or liable for, any debts.
- The "Authorization & Power Of Attorney" form is required under most federal and state laws regarding privacy to your financial accounts. This form merely issues your consent for us to discuss and resolve your private debt/account information.

If your information packet is reasonable in size, please fax (800-350-3621) the information. If your packet is large, please mail your information to the above address. Thank you for choosing our company to assist you.

**AUTHORIZATION &  
POWER OF ATTORNEY**

I, \_\_\_\_\_, do hereby appoint B. BRITTIN FISHER, ESQ., telephone number (800) 350-3321, facsimile number (800) 350-3621, as attorney(s)-in-fact to act in association with my name, place and stead in any way which I could do if personally present or available, with respect to matters regarding all outstanding debt, judgments, credit cards, leases, contracts, and miscellaneous related financial debt concerns.

To induce any third party to act under this Power of Attorney, I agree that any third party receiving an executed copy or facsimile of this Power of Attorney may act hereunder and that no revocation or termination of this Power of Attorney shall be effective as to any third party unless and until such third party shall have received actual notice or knowledge of such revocation or termination. I, and for my heirs, executors, legal representatives and assigns, do indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reasons of such third party having relied on this Power of Attorney. This Power of Attorney shall not be affected by my subsequent disability or incompetence. Facsimile copies of this agreement shall have the same force and affect as any original documentation.

I have hereunto signed my name this \_\_\_\_\_, 200\_\_\_\_.

X \_\_\_\_\_

**AGREEMENT**

This agreement dated \_\_\_\_\_, 200\_\_\_\_, between BizDebts.com (“Agent”) and individually and collectively (hereinafter “Client”):

\_\_\_\_\_, \_\_\_\_\_,  
(print names)

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

It is agreed upon between the parties hereto as follows:

1. Agent shall use its best efforts to negotiate a settlement with the complaining party or creditors (“Creditors”).
2. Agent is retained by Client in capacity of his/her/its agent and representative and with full power-of-attorney to act on his/her/its behalf for debt settlement negotiation and resolution purposes.
3. Agent can conduct and perform all and every act that the Client may do legally, through an attorney-in-fact, and in particular, with all powers necessary to negotiate claims and/or debts on his/her/its behalf, and agree to appropriate an acceptable settlement agreement with respect to such claims or debts.
4. A. For services of each debt, Agent shall receive as fee the greater of either: (1) thirty percent (30%) of the amount of the reduction from the full debt amount previously owed, or (2) eight percent (8%) of and for the structuring/restructuring of the full debt amount previously owed, as compensation for services. Said fee shall be due and payable at the time the settlement is negotiated and accepted by all of the parties. Such payment to be made first and immediately by cashiers check, certified check, or bank wire transfer.  
B. Should Client accept any resolution within one (1) year of termination of Agent’s services at an amount equal to, or less than any amount reached between Agent and the Creditor, Client will immediately owe and will compensate Agent for the greatest of the above listed calculated amounts. Said fee is immediately due and payable at the time the settlement is negotiated and accepted by all of the parties. Such payment to be made first and immediately to Agent by cashiers check, certified check, or bank wire transfer.
5. This appointment and grant of power-of-attorney to Agent, by the Client, shall be exclusive, and the Client shall not negotiate any settlement agreement on his/her/its own, or through any other individual or entity, nor grant such power-of-attorney to any other entity or individual without the prior consent of Agent.
6. Client will comply with all settlements agreed with the complaining parties or creditors and accepted by the Client as a result of the representation by Agent. Client grants Agent a secured lien on any moneys related to agreement, and against all real and personal property now, or in the future, owned by Client, until all debts, costs and expenses related to this agreement are paid, in full. Client will promptly execute any and all documentation to secure such liens.
7. Agent undertakes to use its best efforts to seek an appropriate and acceptable settlement on behalf of Client.
8. **In the event that either Client or Creditors are unwilling to resolve their issues, debt, or cases, and wish to litigate their claims, it is specifically understood and agreed by Client that Client must immediately retain local litigation counsel to defend any litigation case and issues.**
9. **It is specifically understood and agreed that Agent does not agree to litigate the subject claims, nor appear or file any documents in court on Client’s behalf,**

**pursuant to this or any other agreement. Furthermore, in the event that Agent should enlist associates or be retained to litigate the claims, or enter its appearance in a lawsuit, it shall be pursuant to a separate fee and retainer agreement.**

10. This agreement specifically excludes any liabilities on the part of Agent for the debts of Client, and Agent assumes no such liability or obligation. Agent does not maintain Errors and Omissions insurance applicable to services covered in this Agreement.

11. Client initiated contact with Agent for employment. Agent's principal place of business is in San Diego, California. This Agreement is made in California, and it is agreed that should litigation be necessary between the parties to this agreement, sole jurisdiction will be in San Diego County, California, solely under California laws.

12. Should any litigation between the parties hereto become necessary, the prevailing party shall be entitled to reasonable attorney's fees (Agent may represent and appear as attorney for compensation), costs and expenses.

13. Facsimile signatures, multiple and cumulative original documents shall have the same force and effect as originals.

Main E-mail Contact: \_\_\_\_\_

Main Tel #s: \_\_\_\_\_

x \_\_\_\_\_  
Sign Name Print Name and/or Company Representing

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

x \_\_\_\_\_  
Sign Name Print Name and/or Company Representing

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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Sign Name Print Name and/or Company Representing

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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Sign Name Print Name and/or Company Representing

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

x \_\_\_\_\_  
Sign Name Print Name and/or Company Representing

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

x \_\_\_\_\_ B. Brittin Fisher, Esq., Attorney &  
Authorized Agent for BizDebts.com

