

Your Collection Solution, LLC  
P.O. Box 164  
Newtown, PA 18940-0164



Phone: 866-497-1006  
Fax: 215-497-1050  
Visit us online: [www.forgot2pay.com](http://www.forgot2pay.com)

June 20, 2007

ACCOUNT IDENTIFICATION

**Client Name ....: XYZ Company**  
**Account # .....: 1475**  
**Principal .....: \$1,123.59**  
**Fees .....:**  
**Interest .....:**  
**Total Amt Due : \$1,123.59**

Joe Debtor  
12 Main Street Apt 3  
Anytown, Pennsylvania 19024



**Pay online at [www.Forgot2Pay.com](http://www.Forgot2Pay.com)**

Dear Joe Debtor,

Your account has been placed in our hands by the above named client with full authority to demand payment. You may not have intentionally neglected this obligation, but it is seriously past due. If you would like our cooperation then:

1. Remit payment in full to this office within 30 days in the form of a cashiers check or money order payable to Your Collection Solution, LLC or
2. Contact the undersigned by telephone to make payment arrangements or pay on line at [www.forgot2pay.com](http://www.forgot2pay.com).

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt and any information obtained will be used for this purpose.  
Very Truly,

Ms. Dailey

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Detach and Return with Payment - OR pay securely online at [www.forgot2pay.com](http://www.forgot2pay.com)

Enter the Requested information in the spaces provided below:

Joe Debtor  
12 Main Street Apt 3  
Anytown, Pennsylvania 19024

Account Number: 1475  
Account Balance: \$1,123.59

Payment Amount: \$ \_\_\_\_\_

Please Circle Pay Option:  
Check / Money Order  
Visa  
Master Card  
Automatic Bank Draft

Name of Card/Check holder: \_\_\_\_\_  
Address Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

Bank Routing No.: \_\_\_\_\_

Checking Acct No.: \_\_\_\_\_

Check #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_