



## RETENTION AGREEMENT

This agreement is made by and between Law Offices of Corinne B. Rosner, P.A. a Florida Corporation (hereinafter referred to as LAW OFFICES) \_\_\_\_\_ hereinafter referred as CLIENT) this \_\_\_\_\_ Day \_\_\_\_\_ of 202\_\_\_\_\_

The LAW OFFICES and CLIENT hereby agree as follows:

- LAW OFFICES will represent CLIENT. CLIENT will pay LAW OFFICES a contingency fee of 35% on any and all amounts that are recovered.  
CLIENT will be responsible for an upfront fee of \$100.00 to conduct a preliminary asset investigation. CLIENT will be responsible for a fee of \$1,100.00 to cover all costs which are associated with the filing and services of the lawsuit.
- While LAW OFFICES are working an account, CLIENT shall have no contact with their debtor and shall refer all communication from debtor to LAW OFFICES
- In the event that a third-party lawsuit or counterclaim is filed, CLIENT will be responsible to hire an attorney to defend the legal action.
- In the event that litigation is necessary in remedying any breach of this Retention Agreement, all cost and expenses of litigation, including attorney fees, will be borne by the non-prevailing party.
- Each agrees and acknowledges that the laws of Florida shall govern the validity construction, interpretation, and

**THIS AGREEMENT shall be binding upon the parties**

The parties hereto have here unto set their hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_

By: \_\_\_\_\_

Corinne B. Rosner, P.A.

By: \_\_\_\_\_

Client

# ACCOUNT PLACEMENT SHEET

## YOUR INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## DEBTOR INFORMATION:

*Please provide as much information as possible that is relevant to each debtor you are placing through our company.*

\*NAME (Individual or Business): \_\_\_\_\_

\*CONTACT PERSON FOR DEBTOR: \_\_\_\_\_

\*LAST KNOWN ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\*SOCIAL SECURITY NUMBER (Individual): \_\_\_\_\_

\*FEIN NUMBER (Business): \_\_\_\_\_

\*AMOUNT OF DEBT: \_\_\_\_\_

DATE OF INITIAL SERVICE: \_\_\_\_\_

DATE OF LAST SERVICE: \_\_\_\_\_

PAYMENTS RECEIVED AND DATES OF PAYMENTS: \_\_\_\_\_

\_\_\_\_\_

BASIS FOR DEBT - Services, Merchandise, Promissory Note, Contract, other \_\_\_\_\_

\_\_\_\_\_

**\*Required**