

Date: March 1, 2010

Client Settlement Approval

Client Name: A [REDACTED]
[REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Please review the following information concerning one of your accounts listed on your Creditor Listing Form. This settlement offer is time sensitive and requires your immediate attention, signature, and faxing back to [REDACTED] at the fax number below in order to comply with [REDACTED]

[REDACTED] accord and satisfaction to the below referenced debt.

Creditor: EAF-Equable Ascent Financial
Account Number: 6 [REDACTED] 3
Balance on Account: \$15,697.20
Settlement in Full: \$5,000.00

31.8%

The Number of Monthly Payments Are: 7
The Breakdown on Each Monthly Payment Is As Follows: \$5,000.00 due on 02/27/10
Please Make Your First Payment On or By This Date: 02/27/10

Payments should be done by: check by phone

Confirmation Number: _____

In Order To Make Your Payment, Please Call:

Creditor/Collector: SIMM Associates
Telephone: [REDACTED]
Contact: [REDACTED]

As the aforementioned [REDACTED] and being authorized, I hereby (accept) (reject) this offer.
By signing below and accepting this settlement, Client [REDACTED] regarding this settlement In addition, if the settlement amount exceeds sixty-five percent (65%) of the current balance, Client waives the right to enforce the sixty-five percent (65%) or less Settlement Guarantee as provided in paragraph 7 in the Contract for Services.

Client's Signature Dated
[REDACTED]