

with this agreement.

Escrow Specialists Inc. Collection Agreement

PO Box 3287, Ogden, UT 84409 Ogden (801)627-6800 SLC (801)538-0869 Other in state areas 1-800-427-8698 Fax (801) 627-6803 www.escrowspecialists.com

| 1. The undersigned | | | | |
|--|--|---|--|--|
| and | | | nereinafter c | alled Tenant, |
| delivers to Escrow Specialists Inc, hereafter re | ferred to as "ES", th | e following described do | ocuments: | |
| On which there will be monthly payments of \$ | | beginning on | | , 20 |
| A late fee of \$or% of the monthly | payment will be as: | sessed if not received w | ithind | ays of the |
| due date. | | | | |
| 2. ES is hereby authorized and instructed to re excepting partial payments, which the undersi "late payments" under the terms of the agree account according to its current fee schedule, | gned understands E ment attached here | S will not accept, provic with. It is understood th | ling the land | lord accepts |
| 3. All monies received hereunder, less ES's usu or within 5 working days if received by check. | | | | ved in cash, |
| 4. You may deduct ES's current annual service account. The standard annual service fee is to tenant () landlord () 50/50 split (). | | | | |
| 5. In the event of failure to comply with any of make written demand upon ES for the delivery more of such defaults as grounds for such den stating the date it was received by ES. If, withit tenant objects to ES complying with landlords documents until notified by both tenant and laddes not respond to ES in writing within 7 days | y to him/her of said nand. ES shall at ond n 7 days after notice demand ES will not andlord in writing w | documents and propert te deliver to the tenant a e is deposited in the Uni ify landlord and withhol hat disposition to make | y, specifying a copy of said ted States m d delivery of thereof. If th | any one or d demands ail, the said ne tenant |
| 6. If ES is required to hold and maintain a rese not pay such taxes or insurance unless ES is pr agreement.ES will not be held liable otherwise | esented with billing | s for such by one of the | parties to th | is |
| 7. All funds received hereunder shall be depos All interest earned there from may be retained | | - | | _ |
| 8. These instructions will continue in full force or until the agreement hereunder has expired delivering to the undersigned a 30 day notice of | ES may cancel this | agreement at any time, | • . | • |
| 9. The landlord agrees to reimburse ES, upon of payment ES receives from tenant unless specificash or certified check. | | | | |
| 10. The undersigned agrees that should they dherein contained, the defaulting party or partifee, which may arise or accrue from the enforce | es shall pay all costs | and expenses, includin | g a reasonab | le attorney's |

whether such remedy is pursued by filing suit or otherwise. In the event ES is required to file an interpleader action in court or resolve a dispute over funds, documents or property held by ES, the undersigned authorize ES to draw the funds held by ES in escrow in an amount necessary to advance the cost of bringing the interpleader action, including reasonable attorney's fees. The undersigned further agree that the defaulting party shall pay the court costs and attorney's fees incurred by ES in bringing such action. The undersigned further agree to reimburse ES for any and all attorney's fees ES incurs in servicing this escrow so long as ES is acting in good faith and in accordance

- 11. In the event of default by either party, hereto, the defaulting party shall pay all attorneys fees and costs incurred by the other, regardless of whether litigation is commenced.
- 12. By signing below the tenant and landlord acknowledge that they have both received a copy of this collection agreement.

| Tenant Signature SSN/Tax ID# | | Landlord Signatur SSN/Tax ID# | | | |
|--|--------------------------------|----------------------------------|-----------------------------------|---------|--|
| Phone # | | SSN/Tax ID#Phone # | | | |
| Email | | | | | |
| | | | t notification via the email addr | | |
| Tenant Signature SSN/Tax ID# | | Landlord Signature SSN/Tax ID# | | | |
| Phone # | | Phone # | | | |
| Email | | | | | |
| | | | rs Address | | |
| Street | | Street | | | |
| City State | Zip | City | State | Zip | |
| Please list names, addresses, acc | | | ments | | |
| Account # | Account # | Accou | unt # | | |
| Amount | Amount | Amo | unt | | |
| If by electronic deposit (ACH): Bank: | Bank: | Bank: | · | | |
| Routing # | Routing # | Routi | ng # | | |
| Account # | Account # | Accou | ınt # | | |
| Name: | Name: | Name | e: | | |
| Checking orSavings Please attach a voided check for ver | Checking orSification purposes | Savings | Checking or | Savings | |
| Property Address: | | | | | |
| Special Instructions: | | | | | |
| | | | | | |