

Payday Loan Debt Relief

PO Box 781728 Orlando, FL 32878-1728

Office: (818) 275-7776

Fax: (818) 477-0499

RESOLUTION AGREEMENT

Date: 11/2/12

In reference to client: Sandra ~~XXX~~

Attn: Bob @ Check N Go

Social Security Number: xxx-xx-5020

Please accept this letter as confirmation of the terms of settlement for the above-named. This agreement is based upon the mutual client remaining on their payments in Payday Loan Debt Relief's Resolution Program.

The mutual client will pay to Check N Go the sum of \$1475.00 full and final satisfaction of all debts owed to your company. The payment terms will be in (10) equal monthly installments of \$147.50 beginning with the first payment to be issued on or before **November 28, 2012**. The subsequent payments will be issued on the **28th** of each month until the balance has been satisfied. After going over the numbers this is the best payment we can offer at this time.

Please sign and return this form and we can issue payments to eliminate this debt.

Payday Loan Debt Relief and our mutual client greatly appreciate your patience in coming to this agreement.

Sincerely,

Payday Loan Debt Relief

Payday Lender Section:

I am authorized by Check N Go along with and all parents, subsidiaries, and affiliates thereof to enter this agreement. We are accepting the above referenced offer. Upon receipt of payment as set forth above, all loans made to the above client shall be marked satisfied and any remaining balances will be waived. If it should apply, any and all data reported to credit reporting agencies will likewise be updated to reflect this agreement.



Signature

11/2/12

Date

BOB HOLZNER

Print Name

COLLECTOR II

Title

Method of Payment _____ or Mail To Address _____