

American Loss Mitigation Participant Payment Form

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Payment information and details can be found in the American Loss Mitigation Fee Agreement

Participant's Name: _____

Participant's Address: _____

Participant's email: _____

Participant's Phone: _____ Fax: _____

Cell/alt phone number: _____

Participants Level: (CHECK BOX) Non-Member Member Coaching Member

Debtor's Name

Property Address

The expected participation of both parties and expected payments and split percentages anticipated by both parties will be established at the acceptance of the deal by completing the American Loss Mitigation Fee Schedule. Any changes in the percentages will be agreed in writing via email, fax or letter.

Fax number: 1-866-788-1864 or 904-819-0383

Address: American Loss Mitigation Firm, LLC

303B Anastasia Blvd. Suite 153

St. Augustine, FL 32080

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Please fill out payment information:

Credit Card (please complete section below)

Credit Card Information:

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount I authorize to be charged to my credit card: \$ \_\_\_\_\_

**I understand all fees are NON REFUNDABLE:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature (above)**

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Card Holder: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Please note we require pre-authorization of the Approval fee either \$1,500.00 (members or coaching members) or \$2,000.00 (non-members) based on participant level at the time a deal is accepted. The Approval fee will be billed to your credit card upon issuance of the Approval from the lender(s).

Signature of Card Holder: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Above is Either \$1500.00 or \$2000.00

You will receive a monthly bill that will have the amount due that will need to be completed monthly to charge your credit card, failure to pay will result in a late fee and file deactivation until payment received.

**American Loss Mitigation Participant Payment Form**  
**Reoccurring Credit Card Authorization Form**  
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Reoccurring Credit Card Authorization and discount information:

We offer a recurring credit card authorization, which can be established per file upon request. You will receive a 5% (five percent) discount on Monthly Lien Holder Negotiation Fees that you authorize as a reoccurring charge.

Name of Participant: \_\_\_\_\_

Seller's Name: \_\_\_\_\_

Deal Property Address: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

I, \_\_\_\_\_ authorize to be charged to my credit Card: \$\_\_\_\_\_ **On a monthly basis on the 10<sup>th</sup> of each month, if the 10<sup>th</sup> falls on a Saturday or Sunday I authorize my credit card to be charged on the Friday prior to the 10<sup>th</sup>.**  
**I understand all fees are NON-REFUNDABLE:**

\_\_\_\_\_  
**Signature of credit card holder**

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Trustee: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Trustee: \_\_\_\_\_