

PMT Solutions LLC

Payments • Management • Technology
A FULL SERVICE RECEIVABLES MANAGEMENT FIRM

Please mail your completed form with Payments:

PMT Solutions, LLC.

7100 Fort Dent Way, Suite 210

Tukwila, WA 98188

Ph: 425-882-4800 Fax: 425-881-6592

Time Payment Plan

<p>FIRST _____ LAST _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE _____</p> <p>DOB _____ DL# _____</p>
<p>EMPLOYER NAME _____</p> <p>EMPLOYEE POSITION / DEPARTMENT _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE# _____ EMPLOYER FAX _____</p>
<p>COURT CASE(S)</p>

I am providing all information in good faith in an attempt to clear any and all debts owed to King County District Court. I agree to send this completed form with an initial down payment of \$ _____ (5% of your balance or \$25, whichever is greater) along with a one-time charge of \$15.00. In addition, I agree to minimum monthly payment of \$ _____ (5% of my current balance or \$25, whichever is greater) which includes a \$5.00 monthly charge starting DATE _____ and the _____ date of the month until the debt is paid in full. I understand that my payment will be applied to the oldest debt first. I understand that if I do not keep my arrangement, I will be considered in default and therefore eligible for further collections.

SIGNATURE _____ **DATE** _____