

Payday Loan Debt Relief

PO Box 781728 Orlando, FL 32878-1728
Office: (818) 275-7776
Fax: (818) 477-0499

RESOLUTION AGREEMENT

Date: 8/21/12

In reference to client: ~~Angela Berman~~
Attn: Angie @ E Finance

Social Security Number: ~~xxx-xx-1884~~

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 VIP Loan Shop the sum of \$500.00 full and final satisfaction of all debts owed to your company. The payment terms will be in (8) equal monthly installments of \$62.50 beginning with the first payment to be issued on or before **September 5, 2012**. The subsequent payments will be issued on the 5th 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 VIP Loan Shop along with 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 *Matthew Davidson*
Print Name Matthew Davidson

Date 8/21/12
Title Call Rep

Method of Payment check or Mail To Address Instructions follow