

CLIENT SERVICES, INC.
3451 HARRY S. TRUMAN BLVD.
ST. CHARLES, MO 63301
1-800-521-3236

10-07-10

REFERENCE NO.
██████████

██████████ SAMANTHA
██████████
WEST BABYLON NY 11704 5005

30%

RE: DFS Services LLC
CLIENT ACCOUNT NUMBER: XXXXXXXXXXXX ██████████
BALANCE: \$2769.47

I am forwarding this letter to confirm that our client has agreed to accept \$830.84 as settlement in full for the above obligation.

This offer is valid provided the full amount of the settlement is received according to the following schedule.

<u>AMOUNT DUE</u>	<u>DUE DATE</u>
\$830.84	10-15 10

This offer is valid provided the full amount of the settlement is received within the days from the date of this letter. If the amount written-off is equal or greater than \$600.00, our client may be required by Internal Revenue Code, Section 6050P, to report this amount and issue a Form 1099-C. If you have any questions regarding your personal taxes, it is recommended you consult with a certified public accountant or other tax professional.

SINCERELY,

DANTELLA STOUT

This communication is from a professional debt collection agency. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

NEW YORK CITY DEPARTMENT OF CONSUMER AFFAIRS
LICENSE NUMBER 972214