



Fax to: 858-227-5088

Email to: ravellan@trilogycapitalmanagement.com

Settlement Request Form

Date: _____

Name: _____

Address: _____

Account Number: _____

Total Balance: _____

Settlement Amount Requested*: _____

I, _____, am submitting this settlement request to Trilogy Capital Management, LLC for consideration. Trilogy reserves the right to accept or deny any settlement requests or proposed payment arrangements. I understand that my offer may be rejected for any reason. I understand that if my offer is accepted, I must adhere to the settlement agreement or the settlement offer may become null and void.

Signature: _____

Telephone Number: _____

If you do not receive a return call within one business day, please contact 800-839-6899 to make sure we received your fax or email.

* If you are unable to make one lump-sum settlement payment, our representatives will assess your situation to see if you are eligible for a short-term payment arrangement.

This communication is from a debt collector. Any information obtained will be used for that purpose.