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|  | | **STATE OF OREGON** | | | | | **PURCHASE ORDER (PO) NO.** | **PAGE NO.** |
| Enter PO no. | Enter page no. |
| **Authorized Purchaser’s Authorized Representative**  Enter name of agency representative | | | | **Purchase Order Date**  Click here to enter a date. | | | **Solicitation/Bid No.**  102-1768-10 | |
| **Contractor Name and Address**  Enter vendor name  Enter vendor address line 1  Enter vendor address line 2  Enter vendor city, state and zip | | | | **Authorized Purchaser’s Invoicing Address**  Enter agency name  Enter agency invoicing address line 1  Enter agency invoicing address line 2  Enter agency invoicing city, state and zip | | | | |
| **Contractor FEIN**  Enter vendor FEIN | | | **Price Agreement number**  Enter PA number | **Authorized Purchaser’s Authorized Representative Email Address**  Enter email address of agency representative | | | | |
| **Deliver to Address**  Enter agency name  Enter agency delivery address line 1  Enter agency delivery address line 1  Enter agency delivery address line 1 | | | | **Authorized Purchaser’s Authorized Representative**  **Phone and Fax Number**  Enter phone number of agency representative  Enter fax number of agency representative | | | | |
| **Delivery Schedule or Delivery Date**  Per price agreement | | | | |
| **Item** | **Description** | | | **Quantity** | **U/M** | **Unit Price** | | **Net Price** |
| 1 | Contractor commission rates – Category I – General Collection Services  Service renewal date  Interest is to be computed at the rate of <ENTER INTEREST RATE> percent per annum and is to be posted as of the SELECT ONE. Interest is computed as follows: principal x interest rate / 365 x days outstanding.  <ENTER AGENCY NAME> SELECT ONE pass the cost of the collection to the debtor per ORS 293.231 (12). The authorized purchaser shall be responsible for calculating the fee at the time of assignment.  <ENTER AGENCY NAME> SELECT ONE entertain compromise for settlement offers. Offers must be approved on a case by case basis by the authorized representative.  <ENTER AGENCY NAME> SELECT ONE have warrant or garnishment authority.  Remittance is to occur the first business day of each week for the collections from the prior business week. Collection reports are to be submitted electronically along with the remittance. | | |  |  | <Enter commission rate>  Click here to enter a date. | | Percent of Collection |
| Agency’s authorized representative to make purchase | | | | Date | |  | | |
| <Authorizing signature> | | | | Click here to enter a date. | | **Total** | | Per contract |
|  | | **STATE OF OREGON** | | | | | **PURCHASE ORDER (PO) NO.** | **PAGE NO.** |
| Enter PO no. | Enter page no. |
| **Authorized Purchaser’s Authorized Representative**  Enter name of agency representative | | | | **Purchase Order Date**  Click here to enter a date. | | | **Solicitation/Bid No.**  102-1768-10 | |
| **Contractor Name and Address**  Enter vendor name  Enter vendor address line 1  Enter vendor address line 2  Enter vendor city, state and zip | | | | **Authorized Purchaser’s Invoicing Address**  Enter agency name  Enter agency invoicing address line 1  Enter agency invoicing address line 2  Enter agency invoicing city, state and zip | | | | |
| **Contractor FEIN**  Enter vendor FEIN | | | **Price Agreement number**  Enter PA number | **Authorized Purchaser’s Authorized Representative Email Address**  Enter email address of agency representative | | | | |
| **Deliver to Address**  Enter agency name  Enter agency delivery address line 1  Enter agency delivery address line 1  Enter agency delivery address line 1 | | | | **Authorized Purchaser’s Authorized Representative**  **Phone and Fax Number**  Enter phone number of agency representative  Enter fax number of agency representative | | | | |
| **Delivery Schedule or Delivery Date**  Per price agreement | | | | |
| **Item** | **Description** | | | **Quantity** | **U/M** | **Unit Price** | | **Net Price** |
| 1 | Contractor shall remit funds collected to the following account <ENTER ROUTING NUMBER> <ENTER ACCOUNT NUMBER>.  Contractor shall remit all requested reports in electronic format.  <ENTER AGENCY NAME> requires Contractor to maintain confidentiality of debtor information and protect data through use of IT security protocols  <ENTER AGENCY NAME> requires Contractor to use <ENTER DATA ENCRYPTION REQUIREMENTS> for data encryption when creating any reports to be sent via email. Any file transfers must use secure FTP sites.  <ENTER AGENCY NAME> SELECT ONE authorize Contractor to report debtor information to credit bureaus.  <ENTER AGENCY NAME> SELECT ONE authorize Contractor to pursue small claims and garnishments provided Contractor receives approval from the authorized representative on a case by case basis.  If any period of SELECT ONE transpire without payment on any account assigned, then Contractor shall cancel account back to authorized purchaser as uncollectable.  <ENTER ANY OTHER SPECIAL INSTRUCTIONS> | | |  |  |  | |  |
| Agency’s authorized representative to make purchase | | | | Date | |  | | |
| <Authorizing signature> | | | | Click here to enter a date. | | **Total** | | Per contract |