

## AmeriFund Capital Group, LLC

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Date:

Attn: (Owners/Presidents)

Of: Applying Company

Included with this package of New Account Documents is a copy of our "Notice of Assignment" letter. This is the correspondence we use to notify your customers about your credit facility with Amerifund Capital Group, LLC

You may either photocopy this document onto your letterhead or enter it into your word processing system. If you decide to do so, please enter it exactly as it appears and prepare a copy of this letter for each customer you wish to factor. Please include the complete company name, contact person, physical mailing address, as well as telephone and facsimile number. Sign each of the letters and forward to us along with the invoices and other supporting documents requested. We will mail them out for you via certified mail return receipt requested.

Should you have any additional questions concerning the correct handling of this process, please do not hesitate to call our offices.

The Management

# USE YOUR COMPANY LETTERHEAD

## Notice of Assignment

Date

Customers contact Name  
Company Name  
Address  
Suite  
City, State Zip

Attn: Accounts payable

Please be advised, effective immediately, we are changing our remittance for all payments due us. In order to facilitate our continued growth and to provide us with improved accounts administration, we are utilizing the financial services of AmeriFund Capital Group, LLC (ACG)/CAPCO Financial Corp. (CFC). All payments due from you to us for all outstanding invoices as well as future invoices have been assigned to ACG/CFC and are payable only to CFC to whom written notice must be given of any claims, offsets, or further performance affecting payment of any invoices. This is an Irrevocable Assignment so until AmeriFund Capital Group, LLC/Capco Financial Corp., notifies you to the contrary, kindly mail all payments due to:

**CAPCO Financial Corp  
Box 165829  
Miami, FL 33116-5829**

Please make the proper notations in your ledger and acknowledge the receipt of this letter by signing and returning it to ACG/CFC via the fax noted below. Only payments received at the PO Box above will be applied against outstanding invoices. Please reconfirm that this information is noted correctly in your records to ensure proper payment.

Sincerely,

X \_\_\_\_\_  
(Authorized Signature), (Title)

Acknowledged by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

- Please sign and fax to (305) 662-6093.