

For Office Use Only

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Claim Placement Form

Debtor Information

DEBTOR: _____ DATE: _____

ADDRESS: _____ CITY: _____ PROVINCE/STATE: _____

POSTAL CODE: _____ COUNTRY: _____

CONTACT/PRINCIPAL: _____ TITLE: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNT #: _____ AMOUNT: _____

DATE OF FIRST CHARGE: _____ DATE OF LAST CHARGE: _____

LEGAL ENTITY: Proprietorship Partnership LLC Corp LTD Part Unknown

Enclosures/Attachments

Billing Statements Invoices Promissory Note NSF Check Application Guarantor

Contract UCC/Lien

Service

Third Party Collections:	First Party Collections
<input type="checkbox"/> Standard Service	<input type="checkbox"/> Letter Series
<input type="checkbox"/> \$450 Personal Adjustment Option	<input type="checkbox"/> Auto Rollover
<input type="checkbox"/> FREE Demand (provided only if requested)	
<input type="checkbox"/> International	

Creditor

CREDITOR: _____

ADDRESS CITY & STATE: _____

PHONE: _____ FAX: _____ EMAIL: _____

REMARKS: _____

Please collect this account, utilizing the service indicated, subject to the rates, terms and conditions outlined in this facsimile.

BY: _____ TITLE: _____