

PLACEMENT FORM

The accounts listed below are assigned to collection in accordance with our Terms and Conditions Agreement, which is incorporated herein and made a part hereof. Collection agency, its agents and employees are not responsible for client documents or renewal of judgments.

PLEASE PROVIDE COPIES OF ALL DOCUMENTS

Your Name: _____

Your Address _____

Your Phone # _____ Your E-Mail _____

Name of Debtor _____ Spouse/Co-habitant of Debtor _____

Debtor Address _____

His SS# _____ Her SS# _____

His DOB _____ Her DOB _____

His CDL _____ Her CDL _____

His Phone _____ Her Phone _____

His Email _____ Her Email _____

His job/address/phone _____

Her job/address/phone _____

Total Due \$ _____ Last Date You Did Work _____

Last Date Debtor Paid You _____ Date of First Service _____

Please provide Contracts, Notes, Invoices, Statements, Credit Applications, and any Correspondence

Additional Information:
