



Collection Account Placement Form

Your Company Name: _____ Phone: _____

Your E-Mail Address: _____

Debtor Information:

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Ph: _____ Cell (very important): _____ Other: _____

Social Security Number: _____ Date of Birth: _____

Employer: _____ Phone: _____

Co-debtor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Ph: _____ Cell (very important): _____ Other: _____

Social Security Number: _____ Date of Birth: _____

Employer: _____ Phone: _____

Account Information:

Date of Service: _____ Date of Last Payment: _____

Principle Due: _____ Bounced Check Amount: _____ NSF Fee: _____

Do you have a signed agreement that says your debtor will be responsible for:

Interest? _____ Attorney or Collection Fees? _____

If yes, APR: _____ Date Interest Was Last Applied: _____

Balance Due w/o Interest: _____ Interest To Date: _____

Has Debtor Disputed This Account? _____

Has Debtor Filed Bankruptcy? _____

Have you previously placed this account with another agency? _____

Without a signed agreement we can not add interest or fees.

Please attach a copy of any contract, agreement, invoice, work order, etc. related to this account.