

This form is to be used for faxing information. Otherwise use online form.

Placement Form (Debtor information)

Debtors Full Name: _____

Last Known Address: _____

Social Security #(s) _____ / _____

Check/invoice # _____

Last Known Phone/Fax # _____ / _____

Total Debt that is owed \$ _____ Date Debt incurred _____

Brief description of debt _____

Client (your) Information

Client Name: _____

Client Address: _____

Client Contact # _____ / Fax # _____

Please include with this form any credit applications, invoices, copy of any payments that were made or copies of any e-mails. These simply help us, but are not necessary to start the collection process. Any questions or any info you think might be helpful please call.