



CLAIM PLACEMENT FORM

DATE:

CREDITOR:

ADDRESS:

CITY

STATE:

ZIP:

PHONE:

FAX:

CONTACT:

EMAIL:

::: DEBTOR INFORMATION :::

NAME:

ADDRESS:

CITY

STATE:

ZIP:

PHONE:

FAX:

CONTACT:

EMAIL:

ACCOUNT BALANCE:

REMARKS:

Enclosed/Faxed are copies of:

Itemized Statement
Guarantee

Invoices
Credit Report/Application

NSF Checks

PLEASE REPORT ALL PAYMENTS AND COMMUNICATIONS PROMPTLY.
Legal action will not be instituted without your approval. Withdrawal of claims after
placement may be subject to our standard fees.