



ACCOUNTS PLACEMENT FORM

Name of Debtor		SSN	____ - ____ - ____
Guarantor (Responsible party – if minor)		Home #	()
Name of Spouse		Work #	()
Company Name (if Commercial Account)		Cell #	()
		E-mail	
		Date of Service	
Attention of		Date of Last Pay	
Customer # (ref/acct. #)		Amount Due	\$
Address		City	
State		Zip	

Please enclose: Copies of the following where available

Statement: _____ Itemized Bills: _____ Correspondence: _____
 Delivery Receipts: _____ Returned Checks: _____
 Invoices: _____ Credit Report: _____ Other: _____

Dispute: (If a dispute exists, please furnish detail here) _____

ADDITIONAL COMMENTS _____
