

Account Placement Form



Your name/Business Name: _____ Date : _____

Contact : _____

DEBTOR INFORMATION:

Name _____ DOB/Approximate Age : _____

Full address : _____

Home # : _____ Cell # : _____

Work # : _____ Fax/other : _____

SSN/EIN : _____ DL# : _____

Place of employment : _____ References: _____

Email/Facebook/Website: _____

If there is a co-debtor or personal guarantor associated with this claim, please fill out a separate form and in the comment section indicate primary debtor's name.

Collection Information: Provide supporting documents for all charges. Attach copies of the bill, invoice, contract, credit application, any relevant file notes, purchase order, invoice or work order(s), intake and financial responsibility forms. Provide a copy of debtor's check if you have one on file.

NOTE: If you are adding amounts or fees to the principal amount of your claim, you must provide an agreement signed by the debtor stating that they are responsible for such fees. This includes but is not limited to late fees, interest and bounced check fees.

CLAIM INFORMATION

Date Contract was originally signed (or Date Judgment was entered by the court): _____

TOTAL BALANCE DUE: _____

Was this matter ever placed with another agency or attorney? If so, please provide details including name and contact information of attorney:

Is this matter disputed? If so, please provide detail:

Comments or details we should know about your claim:

***This form may be faxed along with your supporting documents to
(619) 281-3202
or e-mailed to scb@specializedcollectionsbureau.com***