



ONLINE PLACEMENT FORM

For Immediate Action, Fax to: **(631) 776-8112 Attention John Monderine**
 Attach Copies of the outstanding invoice(s), NSF check(s), contract(s) and/or purchase order(s) with this placement form.

Name of debtor:
Address:
City, State Zip:
Comments:

Full Balance of Account:	
Phone:	
Fax:	
Date of Open Invoice:	
Contact Name	
Client Reference #	NSF Check #

Name of debtor:
Address:
City, State Zip:
Comments:

Full Balance of Account:	
Phone:	
Fax:	
Date of Open Invoice:	
Contact Name	
Client Reference #	NSF Check #

Name of debtor:
Address:
City, State Zip:
Comments:

Full Balance of Account:	
Phone:	
Fax:	
Date of Open Invoice:	
Contact Name	
Client Reference #	NSF Check #

We refer the above account(s) for collection. You, as our agent, are authorized to proceed at once to collect the account(s). Commission will be charged on accounts collected, paid direct or compromised in any way including merchandise returns and paid before collection. You are authorized to accept payment and to endorse checks, notes, money orders or drafts for deposit; the net proceeds of which you are to remit to us. Special authorization is not required to move to legal demand, file suit, compromise or grant an extension. All clients without valid contracts will default to standard rates. We agree to report any contact or payment from the debtor immediately. By placing these delinquent account(s) with RRS, you are certifying that these are valid debts and agree to be liable for all legal cost(s) if RRS has to defend an action brought against RRS because the debt is not valid.

Client/Creditor _____ Date _____
 Address _____ City, State Zip _____
 Email _____ Phone _____
 Authorized By _____ Fax _____