



PLACEMENT FORM

For Immediate Action, Fax to: **(631) 776-8112 Attention John Monderine**
 Please include the Invoice or NSF check with the placement to speed up the recovery.

Name of debtor:	Full Balance of Account:
Address:	Phone:
City, State Zip:	Fax:
Comments:	Date of Open Invoice:
	Contact Name
	Client Reference # NSF Check #

Name of debtor:	Full Balance of Account:
Address:	Phone:
City, State Zip:	Fax:
Comments:	Date of Open Invoice:
	Contact Name
	Client Reference # NSF Check #

Name of debtor:	Full Balance of Account:
Address:	Phone:
City, State Zip:	Fax:
Comments:	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 settled 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 file suit, compromise or grant an extension. We agree to report any contact or payment from the debtor immediately.

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