



P.O. Box

ACCOUNT PLACEMENT FORM

date _____

attn _____

commercial accounts collected worldwide

visit us at www.cfmcollect.com

ATTACH A STATEMENT AND DOCUMENTATION FOR EACH ACCOUNT YOU SUBMIT.

Debtor Name (Include principal's name)	Address Data (Street, City, State, Zip)	Amount Owed	Date Last Invoice	Additional Service	Personal Collection Service*	Notes
Phone ()						
Phone ()						
Phone ()						
Phone ()						
Phone ()						
Phone ()						

These accounts are sent to you for collection subject to the terms and conditions of our signed agreement with you. Please proceed with the IMMEDIATE COLLECTION of the above account(s) subject to your rate schedule. We shall promptly report all payments and communications received from the debtor. If the account is settled direct or withdrawn it is subject to charges for the service the account is in at the time you receive notice from us or otherwise learn of such event.

Claimant Name	Address, City State, Zip	Credit Officer	Phone