

FAX PLACEMENT FORM

Your Company Information

Company: _____ Your Name: _____ Client# _____ Sales# _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Date: _____
 Email Address: _____

Debtor Information

Debtor Company Name: _____ Your Reference # _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alt. Phone: _____ Fax: _____
 Contact Name: _____ Email Address: _____ Date of Last Sale: _____
 Service or Product Provided: _____ Date of Last Payment: _____
 Amount Due: _____ Service/Finance Charges: _____ TOTAL: _____

Comments:

BACKUP

Personal Guarantee Yes No NFS Check Yes No Credit Application Yes No

Additional information regarding delinquent account: _____

Check box to authorize AIP Solutions to initiate collection activity on the above account.

FOR OFFICE USE ONLY

Assigned to Collector#: _____ Rate: _____ % Prime Yes No