

PDF PLACEMENT FORM

Your Company Info

Company Name:	Your Name:	Client#
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	City:	State:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	Fax:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:		Date:
<input type="text"/>		<input type="text"/>

Debtor Information

Debtor Company Name:	Your Reference #	
<input type="text"/>	<input type="text"/>	
Address:	City:	State:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	Alt. Phone:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name:	Email Address:	Date of Last Sale:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Service or Product Provided:		Date of Last Payment:
<input type="text"/>		<input type="text"/>
Amount Due:	Service/Finance Charges:	TOTAL:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:		
<input type="text"/>		

BACKUP

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

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