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Accounts	Receivable	Management	Specialists

DB#:

CONSUMER COLLECTION ASSIGNMENT FORM

YOUR INFORMATION	DATE:	
YOUR COMPANY NAME:	CLIENT NO:	
COLLECTION ACTIVITY AUTHORIZED BY:	SIGNATURE:	
ACCOUN	NT DETAILS	
Your Customer Account No.:	DATE OF LAST TRANSACTION / DELINQUENCY: (REQUIRED FOR CREDIT BUREAU REPORTING)	
TOTAL CLAIM: \$	DEBTOR'S BANK: ACCOUNT NUMBER:	
INTEREST RATE TO BE CHARGED: % P/A		
IS THERE A SETTLEMENT AMOUNT AUTHORIZED IF	IS THERE A SIGNED CONTRACT? YES NO	
AN ACCOUNT MAY BE SETTLED QUICKLY?	DEBT INCURRED BY:	
\$ OR % OF THE TOTAL CLAIM	GOODS PURCHASED SERVICES RENDERED	
ASSIGNMENT TYPE (CHOOSE ONE):	LEASE RENTAL	
FINAL NOTICE PRE-COLLECT FULL COLLECT	OTHER - DETAILS:	
()	DEBTOR INFORMATION	
FULL NAME OF RESPONSIBLE PARTY:	HOME PHONE NO.:	
	WORK PHONE No.:	
LAST KNOWN ADDRESS:		
DATE OF BIRTH: SIN NO:	DRIVER'S LICENSE:	
FORMER ADDRESS:	EMPLOYMENT INFORMATION:	
SPOUSE'S NAME:	SPOUSAL EMPLOYMENT:	
RESPONSIBLE FOR DEBT? YES NO		
OTHER INFORMATION:		

LEADERS IN ACCOUNTS RECEIVABLE MANAGEMENT SERVICES

^{*}Terms and Conditions – Commissioned Collection System Only (For complete details please see Schedule of Collection Terms and Fees)
Regular commission will be billed at prevailing rates and/or deducted from funds available. The creditor agrees to report immediately, every payment or return of goods, made to the creditor. Commission applies on accounts paid to our agency OR to the creditor and on the value of goods returned to the creditor. Legal action will not be commenced without authorization of the creditor, unless previously arranged. All court costs and legal fees are the responsibility of the creditor. Upon 90 days written notice, the agency agrees to return to the creditor, all accounts upon which no payment or arrangements to pay have been made.