

Accounts Receivable Management Specialists

DB#:		

CONSUMER COLLECTION ASSIGNMENT FORM

YOUR INFORMATION			DATE:	
YOUR COMPANY NAME:			CLIENT #:	
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 AN ACCOUNT MAY BE SETTLED QUICKLY?		IS THERE A SIGNED CONTRACT? YES NO		
		DEBT INCURRED BY:		
\$ OR % O	F THE TOTAL CLAIM	GOODS PURCHASED SERVICES RENDERED		
ASSIGNMENT TYPE (CHOOSE ONE):		LEASE	RENTAL	
FINAL NOTICE PRE-COLLECT FULL COLLECT OTHER - DETAILS:				
CONSU	MER (RETAIL)	DEBTOR INFO		
FULL NAME OF RESPONSIBLE PARTY:			HOME PHONE NO.:	
			Work Phone No.:	
LAST KNOWN ADDRESS:				
DATE OF BIRTH:	Sin#:		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.