

PARTNERS FINANCIAL SERVICES, INC.

Your success is our success!!

COLLECTION ACCOUNT PLACEMENT FORM

Account placement information and images may be provided via email, disk, or by completing this placement form

CLIENT NAME: _____

PLEASE PROVIDE ALL AREAS WITH THE MOST RECENT INFORMATION FROM YOUR FILES.

PLEASE PRINT AND COMPLETE ALL SPACES

NAME: _____ SOC SEC #: _____
FIRST M.I. LAST (REQUIRED)

ADDRESS: _____ HM TEL #: _____
_____ WK TEL #: _____

SPOUSE'S NAME: _____ WK TEL #: _____

LAST KNOWN PLACE OF EMPLOYMENT: _____

ACCOUNT INFORMATION

ORIG BAL: \$ _____ BAL. TO COLLECT: \$ _____

LAST DATE OF SERVICE: ___/___/___ DATE OF LAST PAYMENT: ___/___/___

INITIAL DUE DATE: ___/___/___ (IF CONTRACT) IS THIS A 2ND PLACEMENT? Y / N

PERSONAL REFERENCES

NAME: _____ HM TEL #: _____ - _____ - _____

NAME: _____ HM TEL #: _____ - _____ - _____

NAME: _____ HM TEL #: _____ - _____ - _____

TO BEST COLLECT ON YOUR ACCOUNTS, PLEASE PROVIDE US WITH COPIES OF THE FOLLOWING INFORMATION

- ORIGINAL CHECK (IF NSF CHECK)
- COPY OF SIGNED AGREEMENT
- ANY INVOICES OR STATEMENTS
- CREDIT APPLICATION
- PAYMENT HISTORY
- ANY OTHER INFORMATION YOU MAY HAVE