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ACCOUNT PLACEMENT FORM

CLIENT INFORMATION

DEBTOR INFORMATION

COMPANY NAME _____

COMPANY NAME: _____

ADDRESS _____

ADDRESS: _____

CITY & STATE _____

CITY & STATE _____

EMAIL: _____

EMAIL: _____

TEL: _____

TEL: _____

FAX: _____

FAX: _____

CONTACT _____

CONTACT _____

COLLECTION RATE: _____

MONEY DUE: _____

COMMENTS:

