# Collection Account Placement Form

**Date:** _____ / _____ / _____

**Total # of Pages (including cover):** _____

## VERICORE CLIENT INFORMATION:

First Name: _____ Last Name: _____

Company Name: _____

Telephone: ( _____ ) _____ - _____ Extension: _____

Address: _____

City: _____ State: _____ Zip: _____

## DEBTOR CONTACT INFORMATION:

Client Reference #

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: ( _____ ) _____ - _____ Alternate Phone: ( _____ ) _____ - _____

1st Contact Name: _____ 2nd Contact Name: _____

1st Contact Email: _____ 2nd Contact Email: _____

## DEBTOR BALANCE OWED:

Principal Balance Owed: $ _____ . _____ Additional Balance Owed: $ _____ . _____

Date of first unpaid invoice: _____ / _____ / _____ **Please explain the additional balances below:**

Date of last unpaid invoice: _____ / _____ / _____ _____

_____

## DEBTOR MISC. INFORMATION:

What product/service did you provide to the debtor company?

_____

Is the debtor disputing the quality of service / product as a reason not to pay? YES ☐ NO ☐

Please check the boxes if you have the following information:

Contract ☐ PG ☐ Credit App ☐ Invoices ☐