

Collections Placement Form

Client Information:

Date: _____

Client Name: _____

Client Address: _____

Client Contact, Title and Telephone number: _____

Debtor Information:

Debtor's Name and Address: _____

Debtor's Social Security number: _____

Debtor's Place of Employment: _____ Date verified: _____

Debtor's Banking Institution: _____

Co-Debtor's Name and Address: _____

Co-Debtor's Social Security number: _____

Co-Debtor's Place of Employment: _____ Date verified: _____

Co-Debtor's Banking Institution: _____

Account Information:

Balance Placed for Collection (including interest if already figured): \$ _____

Interest Rate: _____ Date of Last Payment: _____

If interest was included in Balance, what date was interest figured? _____

Client Account #: _____

Contract allowing for attorney's fees attached? YES NO

Suit authorized? YES NO and initial: _____

* Please attach an itemized statement of the account and contract

Send all new placements to: Schwartz & McClure, llc
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