

Tel: (818) 902-1724

Fax: (818) 902-1726



**Consumer Placement**

Debtor Name:			
Spouse Name:			
Account No:			
Address:			
City:	State:	Zip:	
Cell:	Phone:	Phone:	
Email Address:			
Email Address:			
Amount Owed:			

Notes and/or please explain why debtor will not pay:


Documents on file: Does your file contain any of the followign documents:

Invoice  Contract  Personal Guaranty  Credit Application

Debtor Attitude: Please check all that apply

Ignores  Refuses to pay  "checks in the mail" game  Writes NSF Check(s)

Plays "catch me if you can"  Claims inability to pay  Breaks Promises

Your info here:

Business Name:	
Your name:	
Telephone:	