

TUCKER, ALBIN & ASSOCIATES

Account Placement Form

Commercial, or Consumer

Client Reference Number: _____

Principal Owed: \$ _____

Interest Owed: \$ _____

Collection Costs: \$ _____

Total Balance: \$ _____

Debtor Information

Debtor Company Name: _____

Entity Legal Form: Sole Prop (dba) Partnership LLC Corporation

*Personal Guarantee(s): _____

Contact 1 Name / Title: _____

Phone Numbers / E-mail Address: _____

Contact 2 Name / Title: _____

Phone Numbers / E-mail Address: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Date of Last Invoice: _____ Date of Last Payment: NA

Has this debt been previously placed with another agency/attorney: Yes, No

Has the debtor disputed this debt in writing: *Yes, No

Is the debtor represented by an attorney: Yes, No

Is this debt reduced to judgment: *Yes, No

Reason for Dispute / Non Payment: _____

Client Signature: _____

* Please provide a legible copy of the document.

Agency Use Only

Creditor: _____

Client#: _____

Contact Name: _____

Phone: 469-424-3033 ext515

Sales Rep: Jeff Yaryan

Collection Fee: 25% %

PF031011

1702 North Collins Boulevard, Suite 100, Richardson, Texas 75080
(469) 424-3033 Phone

