



Master Credit Consultants, Inc.

*of Counsel: Michael C. Brown, Esq.**

ACCOUNT PLACEMENT FORM

CREDITOR INFORMATION

1. Your company's exact corporate name and/or d.b.a.:

2. Address, City, State, Zip Code:

3. Telephone: _____

4. Facsimile: _____

DEBTOR INFORMATION

1. Debtor's exact corporate name and/or d.b.a.:

2. Your reference number: _____

3. Address, City, State, Zip Code: _____

4. Telephone: _____

Facsimile: _____

5. Amount Due: _____

6. Date Debt Became Due: _____

7. Name of Contact: _____

8. Debtor's Bank Information: _____

Name: _____

Address: _____

Acct. No.: _____

9. Comments/Special Instructions: _____

MISCELLANEOUS

*Please enclose the following information,
if available to you:*

- | | |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Statement/Invoices | <input type="checkbox"/> Contract/Purchase Order |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Guarantees |
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Notes |
| <input type="checkbox"/> NSF Check | <input type="checkbox"/> Other |

We are assigning the above debtor account to you for collection. In the event this account is unable to be collected by your direct collection activity, you are authorized to forward this claim to an attorney. The attorney shall then be subject to our control, and no legal proceedings will be commenced without our authorization. You or the attorney are authorized to accept remittances, and endorse them in our name for deposit and collection.

Submitted by: _____ Date: _____

Signature of authorized agent for Creditor

Please print name and title: _____

PLEASE MAIL OR FAX THIS FORM TO INITIATE ACTION

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