

NELSON, COOPER & ORTIZ

PLACEMENT FORM

COM / NON-COM

Debtor Name	Amount
Address	Tel#
City/State/Zip	Date of Oldest Unpaid Invoice
Individual Responsible	Date of Most Recent Unpaid Invoice
Your Customer or Account #	Date Last Pmt:
Facts:	_____ % Fees Initials _____
Where Does Debtor Bank _____ Acc# _____	25% Fee One Year and Under Accts.
What Product/Merchandise was sold? _____	35% Fee Over a Year Old Accts.
What Was Said On The Last Call? _____	

BACK-UP:	To Be	To Be	To Be	To Be	
Please Circle	In House	Faxed	Mailed	E-Mailed	Call Client
Type of Back-up Available:					
Credit App	Statement	Lien	Contract	PG	Invoice
PO	Proof of Delivery	Hot Check	Bill of Lading	Other	

*Any other pertinent information you feel my investigators may want to know

Fax the information along with this placement form to the attention of Placement Dept. at Fax Number: (800) 557-8195

Your Company Name: _____

Address _____ City/State/Zip _____

Tel # _____ Fax _____

Auth by (Print) _____ (Signature) _____

Date _____ (For Office Use Only) Client # _____

We refer the above account(s) to you for collection and you are authorized to proceed at once to collect the amount. Commission will be charged on any and all amounts collected, paid directly or settled by return of merchandise. In the event that you deem litigation necessary, we direct and authorize you, as our agent, to send the account to an attorney and to retain same to prosecute collection of the account(s) in question on our behalf. You, as our attorney in fact are also authorized and given special power of attorney to accept payments and to endorse checks, notes, money orders or drafts of deposit, the net proceeds of which (after payment of commission and expenses) you are to remit to us. Please obtain our authorization prior to compromising, granting an extension or having counsel file suit in this matter.

Please Report All Payments Made Directly to Your Office Immediately!
(Please make additional copies of this form for future placements)

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