



PO BOX 1180, Vancouver, WA 98666
Office Phone (503) 286-3606 Fax (503) 286-5856

Placement Form

Debtor Name: _____ **Date:** _____

Spouse Name: _____

If a corporation, list names of officers
or contact person: _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Mail Return: Yes: _____ **No:** _____

DOB: _____ **SS#** _____ **DL#** _____

DOB: _____ **SS#** _____ **DL#** _____

Client Account/Reference #: _____

Balance Due: Principal _____

Interest _____

Fees _____

Total _____

Date of Service: _____ **Date of Last Payment:** _____

Type or Nature of Account: _____

Employer: _____ **Phone:** _____

Employer: (spouse) _____ **Phone:** _____

Banking Information: _____

Comments: _____

In addition, please include: invoices, ledgers or documents signed by the debtor, i.e. promissory notes.

Client address, phone and fax numbers go here