



Account Placement _ Fax Form

Fax to 336-293-4815

Client Business Name		Client Account Number	
Client Representative		Date	
Debtor Name	Soc Security #	Delinquency Date	
Debtor's Account #	Total Amount Due	Interest/Fees Due	
Address	Zip Code	City/State	
Home Telephone#	Work Telephone#	Alternate #	
Employer Name	Employer Telephone #	Employer City and State	
Spouse Name	Spouse Social Security#	Spouse Employer Name/City/State	
Debtor Name	Soc Security #	Delinquency Date	
Debtor's Account #	Total Amount Due	Interest/Fees Due	
Address	Zip Code	City/State	
Home Telephone#	Work Telephone#	Alternate #	
Employer Name	Employer Telephone #	Employer City and State	
Spouse Name	Spouse Social Security#	Spouse Employer Name/City/State	
Debtor Name	Soc Security #	Delinquency Date	
Debtor's Account #	Total Amount Due	Interest/Fees Due	
Address	Zip Code	City/State	
Home Telephone#	Work Telephone#	Alternate #	
Employer Name	Employer Telephone #	Employer City and State	
Spouse Name	Spouse Social Security#	Spouse Employer Name/City/State	