



Action Collection Services, Inc.  
Excellence, Integrity, & Diligence

## Account Placement Form

Date \_\_\_\_\_ Client Business Name \_\_\_\_\_  
Point of Contact \_\_\_\_\_ Phone # \_\_\_\_\_

### **Debtor Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Place of Employment/Address \_\_\_\_\_

Work Tel. \_\_\_\_\_ Alternate Tel. \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

Relatives or References \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Collection Information:**

Service Description \_\_\_\_\_  
\_\_\_\_\_

Date Service was rendered \_\_\_\_\_ Balance Due \_\_\_\_\_

Date of last payment received \_\_\_\_\_ Amount \_\_\_\_\_

Date of last contact \_\_\_\_\_ Who was contacted? \_\_\_\_\_

What was the outcome? \_\_\_\_\_  
\_\_\_\_\_

### **Comments**

\_\_\_\_\_  
\_\_\_\_\_

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