

CCS Financial Systems

COMMERCIAL CLAIMS PLACEMENT FORM

We have attached an itemized statement of our account(s) against the debtor named below, and hereby authorize you to proceed with collections; subject to published rate schedule which shall constitute as part of this placement agreement.

You are hereby authorized to endorse in the name of the undersigned corporation, to negotiate and/or deposit in any bank account of yours, any and all checks, drafts, bills of exchange or other orders for the payment of money payable or endorsed to the undersigned which came into your possession by reason of your acting as a collection agent for the undersigned and their firm.

TO: CCS Financial Systems

PO BOX 60550
HARRISBURG, PA 17106
ccs@ccsfinancialsystems.com

(717) 652-8020 (800) 520-8827
FAX (717) 652-8845 (800) 520-5073

DEBTOR CO. _____	DATE OF LAST PAYMENT _____
ADDRESS _____	PRINCIPAL AMOUNT _____
CITY _____	INTEREST / MISC CHRGS _____
STATE _____ ZIP _____	TOTAL TO COLLECT _____
NAME OF RESPONSIBLE INDIVIDUALS (a) _____	TITLE _____
(b) _____	TITLE _____
DEBTORS PHONE (Business) _____	OTHER _____
INDIVIDUAL PHONE (Residence) _____	OTHER _____
DEBTORS BANK _____	BANK ADDRESS _____
BANK ACCT NOS. _____	_____

DEBTOR IS: ___CORPORATION ___PARTNERSHIP ___PROPRIETORSHIP ___OTHER (Explain Below)

OUR EXPERIENCE: ___BROKEN PROMISE ___NSF CHECKS ___DISPUTE ___OUT OF BUSINESS ___IGNORES ALL DEMANDS

ADDITIONAL INFORMATION OR SPECIAL INSTRUCTIONS:

SUBMITTED BY (CREDITOR)

PERSON TO WHOM CORRESPONDENCE SHOULD BE SENT

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____

NAME _____

TITLE _____

PHONE _____

DATE _____

*** OPTIONAL ***

I authorize litigation on this account if CCS Financial Systems determines assets and deems necessary to recover this account

SEND MORE PLACEMENT FORMS

NAME _____

TITLE _____