



Commercial Collections Division
Collection Account Placement Form

Type of service requested:

- Begin collections immediately.
- Proceed with a 10 day free demand letter. NACM will not initiate phone contact until after expiration of the 10 day demand letter. There is no charge for payments received and reported within 10 calendar days from today.*

Debtor Information

Debtor Name: _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Debt Amount _____ Amt in dispute (if any) _____

Add collection costs to amount collected. Debtor Account # _____

Notes & Special Instructions:

Please include: Credit application, personal guaranty, statement of account, invoice copies, other documents relevant to collection of the account.

Member Information

Member Number _____ Phone Number _____

Company Name _____

Address _____

City, State, Zip _____

Email _____

Your Name _____

* Claims withdrawn from collections during the 10 day free demand period are subject to our standard commission rate of 21%.