

FIDELITY RECOVERY SERVICE
5670 Schaefer Ave., Suite - O
Chino, CA 91710
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Email: fidelityrecovery@verizon.net
www.fidelityrecovery.com

PLACEMENT FORM - ASSIGNMENT FOR IMMEDIATE COLLECTION

CREDITOR _____ _____ _____
CONTACT PERSON _____
PHONE # _____ FAX# _____ EMAIL _____
DEBTOR _____ ACCOUNT NO. _____ _____ _____
CONTACT PERSON _____
PHONE # _____ FAX# _____ CELL# _____

BALANCE \$ _____ NSF CHECK ? _____ Y/N
DATE OF LAST INVOICE _____ DATE OF LAST PAYMENT _____

COLLECTION HISTORY: BALANCE IS DISPUTED ____ BUSINESS IS CLOSED ____
AVOIDING CONTACT ____ BREAKS PROMISES ____
OTHER _____

THIS IS YOUR AUTHORIZATION TO BEGIN IMMEDIATE COLLECTION AT YOUR STATED COLLECTION RATE.

AUTHORIZED PERSON (SIGN AND PRINT NAME)

DATE

This claim is exclusively assigned to Fidelity Recovery Service. Cancellation must be in written form and any costs will be repaid by the assignor.

*****PLEASE INCLUDE YOUR CREDIT AGREEMENT OR SIGNED P.O AND A RECENT STATEMENT OF ACCOUNT AND/OR A COPY OF THE NSF CHECK.*****