

NELSON, COOPER & ORTIZ

PLACEMENT FORM

COM / NON-COM

Debtor Name	Amount
Address	Tel#
City/State/Zip	Date of Oldest Unpaid Invoice
Individual Responsible	Date of Most Recent Unpaid Invoice
Your Customer or Account #	Date Last Pmt:
Facts:	_____ % Fees Initials _____
Where Does Debtor Bank _____ Acc# _____	Add'l Amt (Interest, Fees Etc.)
What Product/Merchandise was sold? _____	
What Was Said On The Last Call? _____	
<p>BACK UP: To Be To Be To Be To Be</p> <p>Please Circle In House Faxed Mailed E-Mailed Call Client</p> <p>Type of Backup Available:</p> <p>Credit App Statement Lien Contract PG Invoice</p> <p>PO Proof of Delivery Hot Check Bill of Lading Other</p>	

Fax the information along with this placement form to: (800) 557-8195

Your Company Name: _____
Address _____ City/State/Zip _____
Tel # _____ Fax _____
Auth By (Print) _____ (Signature) _____
Date _____ (For Office Use Only) Client # _____

We refer the above account(s) to you for collection and you are authorized to proceed at once to collect the amount. Commission will be charged on accounts collected, paid direct or settled by return of merchandise. In the event litigation deems necessary, we direct and authorize you, as our agent, to send the account to an attorney designated by us in the county of the debtor, to an attorney whose name appears in a Columbia law list publication, upon prevailing rates in the area, not to him. You, as our attorney in fact are authorized to accept payments and to endorse checks, notes, money orders or drafts for deposit, the net proceeds of which you are to remit to us. Special authorization is required to file suit, compromise or grant an extension.

Please Report All Payments Made Directly to Your Office Immediately!
(Please make additional copies of this form for future placements)

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