

Revenue Protection Services
Commercial Account Placement Form
Phone 888-282-2256 Fax # 888-696-4786

Client Name: _____

Client Contact _____

Client Phone # _____

Debtor Business Name _____

Owner's Name: _____

(Last, first, middle initial).

Address _____

City, State Zip _____

Telephone # _____

Fax # _____

Corporation/Partnership _____

/Individual _____

Owner / Principal Home _____

address _____

City State, Zip _____

Home Phone #: _____

Partner, officer or _____

Corporate Guarantee _____

Address _____

City, State Zip _____

Telephone # _____

Mail returned Y/N _____

Your account # _____

Type of goods sold or _____

Services rendered _____

Signed Contract Y/N _____

Date of last transaction _____

Charged off Balance _____

Is the account disputed? _____

A discovery fee of 1/2 the commission rate will apply for effecting merchandise or equipment returns for settlement of accounts. Revenue Protection Services will not be obligated to file suit on any claim and is not liable for claims becoming barred by the Statute of Limitations. A faxed signature will be accepted to be the same as the original signature by both parties.

We and Revenue Protection Services by virtue of us assigning and them accepting our accounts for collection, agree to hold each other harmless from any and all damages, attorneys fees and costs for any errors, negligence or wrongful acts committed by either involving an account assigned to them by us. WE AUTHORIZE YOU TO ENDORSE CHECKS AND MONEY ORDERS.

Signature and date _____

Title _____