



FEDERATION of CREDIT  
and FINANCIAL PROFESSIONALS



**Smyth Collections LLC**

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# Collection Placement Form

Date: \_\_\_\_\_

NAME OF DEBTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAMES OF PRINCIPLES: \_\_\_\_\_

DEBTOR'S BANK: \_\_\_\_\_

AMOUNT OF CLAIM: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

Important: Please enclose/mail copies of all pertinent documents, invoice copies, itemized statements, NG checks, notes, guarantees, etc.

By signing below, we hereby authorize this for collection under our Terms and Conditions, as referenced on [www.smythsolutions.com/collections/placecollections](http://www.smythsolutions.com/collections/placecollections).

YOUR COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YOUR E-MAIL: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_