

# **FJM COLLECTIONS, INC.**

300 North Dakota Avenue, Suite 108  
Sioux Falls, SD 57104

PO Box 2344  
Sioux Falls, SD 57101

Telephone: (605) 332-5121 or (800) 568-5002

Fax: (605) 335-0419

E-mail: josh@fjmcollections.com

## **ACCOUNT PLACEMENT FORM**

DEBTOR NAME

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ADDRESS

---

PHONE #

---

SOCIAL SECURITY #

---

EMPLOYER

---

RELATIVES/FRIENDS

---

BALANCE

---

DATE OF LAST ACTIVITY

---

COMMENTS

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**\*To expedite recovery of your money, please attach original paperwork.**

CLIENT NAME 

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ADDRESS 

---

CONTACT PERSON 

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TELEPHONE 

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FAX: 

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EMAIL 

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**The accounts listed below are submitted for collection at your usual rate.**

☐ Please call me to discuss our collection problems.

By signing below the creditor represents and warrants that it has provided all required Truth in Lending disclosures to each account holder listed on this form, and obtained all necessary signatures so as to fully comply with the law.

The creditor further agrees to inform the undersigned collection agency upon its receipt of any information which would render the account information contained herein more complete, accurate, or obsolete, including but not limited to, notice of a consumer bankruptcy filing.

Creditor's No. \_\_\_\_\_ Company/Practice Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Print Name \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

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Acct. Holder's No. \_\_\_\_\_ Acct. Holder's Full Name \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Complete Address (include Zip Code) \_\_\_\_\_ Interest \$ \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ S/S No. \_\_\_\_\_ Delinquency Date\* \_\_\_\_\_ Total Due \$ \_\_\_\_\_  
Date Last Charge \_\_\_\_\_ Date Last Payment \_\_\_\_\_ \*Must be completed by vendor  
Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Spouse Full Name \_\_\_\_\_ S/S No. \_\_\_\_\_ Employer \_\_\_\_\_  
☐ Acct. Disputed ☐ Mail Ret'd Additional Information (relatives, references, patient name, etc.) \_\_\_\_\_

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\* There are statutory limits on the length of time you may report this debt to a credit bureau.

Acct. Holder's No. \_\_\_\_\_ Acct. Holder's Full Name \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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For your convenience, this order blank is designed to fit a standard window envelope. Be sure to fold so this panel appears in window area.

Published by the American Collectors Association, Inc.

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