FJM COLLECTIONS, INC.

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

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ACCOUNT PLACEMENT FORM

DEBTOR NAME			
ADDRESS			
PHONE #			
SOCIAL SECURITY #			
EMPLOYER			
RELATIVES/FRIENDS			
BALANCE			
DATE OF LAST ACTIVITY		•	
COMMENTS			
*To exp	edite recovery of your n	noney, please attach original	paperwork.
CLIENT NAME			11
ADDRESS			
CONTACT PERSON			
TELEPHONE			

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 warranties 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	State Zip	Print Namo	Phone ()
Authorized Signature	State Zip	Title	
Authorized Signature		1100	
Aget Holder's No	Acct. Holder's Full Name		Amount \$
	ode)		
Phone ()	S/S No	Delinguency Date*	Total Due \$
Date Last Charge	Date Last Payment	*Must be comp	eleted by vendor
Employer	Date Last : ujo.n	W	ork Phone ()
Spouse Full Name	S/S N	NoEmployer	
☐ Acct. Disputed ☐ Mail F	Ret'd Additional Information (relative	s, references, patient name, etc	>-)
Acct. Holder's No.	Acct. Holder's Full Name	<i>-</i>	Amount \$
Complete Address (include Zip Co	ode)		Interest \$
Phone ()	S/S No	Delinquency Date*	Total Due \$
Date Last Charge	Date Last Payment	*Must be comp	oleted by vendor
Employer		W	ork Phone ()
Spouse Full Name	S/S I	NoEmployer	
☐ Acct. Disputed ☐ Mail F	Ret'd Additional Information (relative	s, references, patient name, etc	>.)
	_Acct. Holder's Full Name		
Complete Address (include Zip Co	ode)	Delia manana Deta*	Interest \$
	S/S No		
	Date Last Payment		
Spouse Full Name	S/S	No Employer	ork Frione (
☐ Acct. Disputed ☐ Mail I	Ret'd Additional Information (relative	es, references, patient name, et	c.)
Acct. Holder's No.	Acct. Holder's Full Name		Amount \$
	ode)		
Phone ()	S/S No	Delinquency Date*	Total Due \$
Date Last Charge	Date Last Payment	*Must be comp	bleted by vendor
Employer		W	/ork Phone ()
Spouse Full Name	S/S I	No. Employer	
-pouco i un itumo			

^{*} 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	9	Amount \$
Complete Address (incl	lude Zip Code)		Interest \$
Phone ()	S/S No	Delinquency Date*	Total Due \$
		ayment *Must be co	
Employer		S/S NoEmployer _	Work Phone ()
Spouse Full Name		S/S NoEmployer _	
□ Acct. Disputed □	Mail Ret'd Additional Inform	nation (relatives, references, patient name,	etc.)
Dhone (Lude Zip Code)	Delinquency Date*	Total Due \$
Data Last Charge		Delinquency Date	rotal Due \$
Date Last Charge	Date Last P	ayment *Must be co	ompleted by vendor
Employer		S/S NoEmployer _	vvork Phone ()
Spouse Full Name	ALTERNATION ALERT	5/5 NoEmployer _	
Acct. Disputed	Mail Ret d Additional Inform	nation (relatives, references, patient name,	etc.)
Acct. Holder's No.	Acct. Holder's Full Name	e	Amount \$
Phone ()	S/S No.	Delinquency Date*	Total Due \$
Date Last Charge	Date Last P	Payment *Must be co	ompleted by vendor
Employer			Work Phone ()
Spouse Full Name		S/S NoEmployer _	
□ Acct Disputed □	Mail Ret'd Additional Inform	nation (relatives, references, patient name,	etc.)
Acct. Holder's No.	Acct. Holder's Full Name	9	Amount \$
Acct. Holder's No Complete Address (incl	Acct. Holder's Full Name	9	Amount \$ Interest \$
Acct. Holder's No Complete Address (incl Phone ()	Acct. Holder's Full Name	Delinquency Date*	Amount \$ Interest \$ Total Due \$
Complete Address (incl	lude Zip Code)S/S No	Delinquency Date*	Interest \$ Total Due \$
Complete Address (incl Phone () Date Last Charge	lude Zip Code)S/S No Date Last P	Delinquency Date*	Interest \$ Total Due \$ pumpleted by vendor
Complete Address (incl Phone () Date Last Charge	lude Zip Code)S/S No Date Last P	Delinquency Date*	Interest \$ Total Due \$ pumpleted by vendor
Complete Address (incl Phone () Date Last Charge Employer Spouse Full Name	lude Zip Code)S/S No Date Last P	Delinquency Date*	Interest \$ Total Due \$ ompleted by vendor Work Phone ()

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.

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300 N. Dakota Ave., Suite #108 Sioux Falls, SD 57104 605-332-5121