

COLLECTION PLACEMENT FORM

FILL OUT FORM COMPLETELY
FAX TO: 207.602.6258 OR EMAIL TO: whitney@thefisheriesexchange.com

File # _____

Debtor Information

*Company Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Company owners/officers:

_____ Title _____

_____ Title _____

_____ Title _____

*Telephone ___ / ___ / ___ Cell ___ / ___ / ___ FAX ___ / ___ / ___

E-mail _____

*Total Amount Due \$ _____ *Date of Last Credit Sale _____

Most recent credit application (faxed separately) ___Y ___N

Client Information

Client Name _____

Contact _____

Address (where you want remittance checks directed)

City _____ State _____ Zip _____

Telephone ___ / ___ / ___ Cell ___ / ___ / ___ FAX ___ / ___ / ___

E-mail _____

Date Placed for Collection ___ / ___ / ___

COLLECTION FEES

- SeafoodDebtors minimum claim placement amount is \$2,000
- 28% on all invoices less than 12 months old.
- 50% on collections of invoices over 12 months old.
- All collections are handled a contingency basis.

TERMS AND CONDITIONS

- The information provided is not in dispute or set off by counter claim. This office has not received any correspondence from the debtor disputing or contesting the validity of this claim.
- I agree to refrain from any communications (written or verbal) with the debtor once the account has been placed for collection.
- Any claims withdrawn after the date placed may be subject to a fee of 5% of the placement amount.
- I understand that the information regarding the debtor company will appear on www.SeafoodDebtors.com, as well as other Internet search engines.
- SeafoodDebtors maintains 100% confidentiality with regards to the source of the information provided on this placement form.
- I authorize SeafoodDebtors to deposit checks in our name into its bank for the purpose of clearance and remittance purposes.
- In the event a claim is referred to an attorney the contingency fee is subject to review by that attorney.
- The creditor is responsible for all court costs and expenses related to a claim should it become necessary to place it with an attorney.

*Fields must be completed in order to place a claim for collection.

Signature _____

Title _____

Date ____/____/____