COMMERCIAL RECEIVERS INCORPORATED

CLAIM PLACEMENT FORM

Includes automatic Ten Day Free Demand Letter. ***If legal action is required, claims are forwarded at Regular Rates as follows: 25% of the first $2,000 collected, 20% of the excess collected.*** (Our rates can be found at https://commercial-receivers.com/commercial-debt-collection-rates/.) Minimum claim: $1,500.00. In the event of a product return, the acknowledged fee will be reduced by 50%.

PLEASE PROVIDE ALL PERTINENT DOCUMENTATION INCLUDING *STATEMENT OR AGING*, INVOICES (IF NOT VOLUMINOUS), CONTRACT, GUARANTY(S), *CREDIT APPLICATION* AND *CHECK COPIES*, AS AVAILABLE.

AMOUNT: $_____ REF. NO. _____ TODAY'S DATE _____

DEBTOR: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

COMMENTS:

In the event the account placed for collection confirmed herewith cannot be collected by the direct negotiations of your staff, and if we do not designate an attorney herein, you are hereby authorized and instructed as our agent to forward the claim to an attorney or firm of attorneys on our behalf. Such attorneys shall at all times be subject to our control and direction, and no attorney shall commence any legal proceedings without our prior authorization. You/legal counsel are hereby authorized to endorse for deposit and collection, in your name and in our behalf, remittances received on this account. In the event of legal action, remittances may be made payable to Commercial Receivers Incorporated.

Credit Executive's Signature: _____

Name & Title (Printed): _____

Company: _____

Phone: _____ Fax: _____ Email: _____

P.O. Box 29478 * Henrico, VA 23242 * Phone (804) 346-0302
email: evw@commercial-receivers.com