Claim Placement Form

CREDIT SERVICE COMPANY, INC.

Client Information

*Company Name:	
*Client Number:	
*Address:	
*City:	
*State:	
*Zip Code	
*Phone Number:	
*Authorized By:	
Title:	
*E-mail:	

Debtor's Information

* Debtor's Account Number:		Employer	
*Debtor's Name		Phone:	
Debtor's SSN:		Work Phone:	
Debtor's Spouse:		Date of Last Payment:	
Spouse SSN:		Spouse Phone:	
* Address:		*Date of Last Charge:	
*City:		*Amount:	
*State:		*Costs:	
*Zip Code:		*Total:	

Message:

These buttons only work in Adobe Acrobat, buttons will not work if file is opened in browser.