

ABC COLLECTORS, INC.

CLAIM FORM

130 5TH St East
PO Box 1099
Kalispell, MT 59903-1099

www.abccollectorsinc.com
info@abccollect.com

Phone: 406-752-8001
Fax: 406-752-8005
Toll Free: 888-418-8001

The accounts and claims below are hereby assigned to ABC Collectors, Inc. for collection, subject to ABC Collectors, Inc.'s established rates which are as follows: 50% for accounts \$100.00 or less, all accounts that require litigation, and all accounts that need to be forwarded out of the area. 33 1/3% for accounts over \$100.00 that do not require litigation. Said rates are applicable whether payment is made to ABC Collectors, Inc. or directly to you. We will promptly report all payments received by us. Please act as our agent in clearing drafts, checks, and notes for collection and in placing out of town accounts with bonded agents and attorneys. Please contact us to update information or to withdraw claims. Please include / attach any invoices, contracts, or other documentation regarding the below claims.

Business / Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Name _____ Email _____

Signature (or use E-signature below) _____ Position (if business) _____

Electronic Signature: By checking this box, the above named person consents to the terms and conditions set forth herein and intends to assign the below claims for collection to ABC Collectors, Inc. This mark constitutes your signature and consent. A paper copy of this document will be provided upon request.

Debtor's No. _____ Debtor's Full Name _____

Address _____ City _____ State _____

Zip _____ Phone _____ Alt. Phone _____

Email _____ Debtor's Social Security # _____

Date of Birth _____ Employer _____ Employer Phone _____

Spouse's Name _____ Spouse's Social Security # _____

Spouse's Date of Birth _____ Spouse's Employer _____ Spouse's Employer Phone _____

Additional Information (relatives, references, etc.) _____

Principal Amount of Debt \$ _____ Acct. Disputed Mail Returned

Last Interest / Finance Charge \$ _____ Date of Last Charge _____

Total Due \$ _____ Date of Last Payment _____

Debtor's No. _____ Debtor's Full Name _____

Address _____ City _____ State _____

Zip _____ Phone _____ Alt. Phone _____

Email _____ Debtor's Social Security # _____

Date of Birth _____ Employer _____ Employer Phone _____

Spouse's Name _____ Spouse's Social Security # _____

Spouse's Date of Birth _____ Spouse's Employer _____ Spouse's Employer Phone _____

Additional Information (relatives, references, etc.) _____

Principal Amount of Debt \$ _____ Acct. Disputed Mail Returned

Last Interest / Finance Charge \$ _____ Date of Last Charge _____

Total Due \$ _____ Date of Last Payment _____