

**Martini, Hughes & Grossman** "The Collection Specialists"

900 Linton Blvd. Suite 201, Delray Beach, FL 33444

Ph: 1-561-266-9877

Fax: 1-561-266-9887

Toll Free: 1-866-763-9700

**For Immediate Action!**

Debtor Name/ Company Name

Amount Due:

Individual Responsible			Contact	PG	Telephone 1		Telephone 2	
Address			FAX		Cellphone			
City			State	Zip	Date of Oldest Unpaid Invoice		Date of Most Recent Unpaid Invoice	
Your Customer or Account ID #:			Date of Last Payment:		Amount Paid			
Email @:			Add 'l amount (Interest, Fees, Etc.)					
Where Does Debtor Bank?			Account Number:					
What Product/Merchandise was sold?			Was the account disputed?					
What was said on the last call?								
Any Additional Facts:								

- |  |                                    |   |                             |                                  |
|--|------------------------------------|---|-----------------------------|----------------------------------|
| <input type="checkbox"/> Credit AppStatement | <input type="checkbox"/> Lien      | <input type="checkbox"/> Contract       | <input type="checkbox"/> PG | <input type="checkbox"/> Invoice |
| <input type="checkbox"/> Proof of Delivery   | <input type="checkbox"/> Hot Check | <input type="checkbox"/> Bill of Lading | <input type="checkbox"/> PO | <input type="checkbox"/> Other   |

\*\*\* Any other pertinent information you feel my investigator may want to know, please FAX or EMAIL, the information along with this Placement form!\*\*\*

Your Company Name	Client Number (provided)		
Address	City	State	Zip
Telephone Number	FAX Number	Email	
Authorized by: (Please Print)	Date	(For Office Use Only)	
E-Signature (you agree that your electronic signature is the legal equivalent of your manual signature on this document)			

We refer the above account(s) to you for collection and you are authorized to proceed at once to collect the amount. Commission will be charged on accounts collected, paid direct or settled by return of merchandise. In the event litigation deems necessary, we direct and authorize you, as our agent, to send the account to an attorney designated by us in the county of the debtor, to an attorney whose name appears in a Columbia law list publication, upon prevailing rates in the area, not to him/her. You, as our representative, are authorized to accept payments and to endorse checks, notes, money orders or drafts for deposit with the net proceeds being remitted to us. Special authorization is required to file suit, compromise or grant extension.

(Please make additional copies of this form for future placements)

**Please report all Payments made directly to your office immediately to us!!!**

**Fax: 1-561-266-9887**