## Martini, Hughes & Grossman 955 NW17th Ave. Bldg A, Delray Beach, FL 33445

**Debtor** #

Phone: 1-561-266-9877 Fax: 1-561-266-9887 Toll Free: 1-866-763-9700

For Immediate Action!						
Debtor Name / Company Name			Amount Due:	Amount Due:		
Individual Responsible Conta	act	PG	Telephone 1	Telepl	none 2	
		<del></del>	7			
Address			FAX	Cellp	hone	
City State		Zip	Date of Oldest U	Jnpaid Invoice Date of	of Most Recent Unpaid Invoice	
Debtor Email			Date of Last Pay	yment: Amou	nt Paid	
			7			
			Add'l amount (I	ount (Interest, Fees, Etc):		
Additional Notes:						
			7			
			7 🗀			
Credit AppStatement	Lien	Contract	PG		Invoice	
Proof of Delivery	NSF Check	Bill of Lading	PO		Other	
Any other pertinent information you	ı feel our investigator m	ay want to know, please EMA	IL the information a	along with this placem	ent form to: info@mhg.bz	
Your Company Name			Clie	Client Number (Office Use)		
Address			City	State	Zip	
Celephone Number Fax Number Email						
Authorized by: (Please Print)		Date		(For Office Use Only)		
				Collector#Sales#		
Signature:				_		

We refer the above account(s) to MHG for collections and you are authorized to proceed at once to collect the amounts owed. Commissions will only be charged on monies collected, paid direct, canceled or settled by return of merchandise per our Fee Schedule. In the event litigation is deemed necessary you authorize us to utilize local counsel to file suit on your behalf. (Filing fees and notarized affidavit will have to be sent prior to filing suit) MHG as our representative is authorized to accept payments and to endorse checks, money orders or drafts for deposit. Special authorization is required to file suit or settle accounts.

Please report all Direct Payments received to your Account Executive or email updates@mhg.bz