



# Master Credit Consultants, Inc.

Of Counsel: Michael C. Brown, Esq.\*

## ACCOUNT PLACEMENT FORM

### CREDITOR INFORMATION

1. Your company's exact corporate name and/or d.b.a.:

\_\_\_\_\_  
\_\_\_\_\_

2. Address, City, State, Zip Code:

\_\_\_\_\_  
\_\_\_\_\_

3. Telephone: \_\_\_\_\_

4. Facsimile: \_\_\_\_\_

### DEBTOR INFORMATION

1. Debtor's exact corporate name and/or d.b.a.:

\_\_\_\_\_  
\_\_\_\_\_

2. Your reference number: \_\_\_\_\_

3. Address, City, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

5. Amount Due: \_\_\_\_\_

6. Date Debt Became Due: \_\_\_\_\_

7. Name of Contact: \_\_\_\_\_

8. Debtor's Bank Information: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

9. Comments/Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### MISCELLANEOUS

*Please enclose the following information,  
if available to you:*

Statement/Invoices       Contract/Purchase Order

Correspondence       Guarantees

Credit Report       Notes

NSF Check       Other

We are assigning the above debtor account to you for collection. In the event this account is unable to be collected by your direct collection activity, you are authorized to forward this claim to an attorney. The attorney shall then be subject to our control, and no legal proceedings will be commenced without our authorization. You or the attorney are authorized to accept remittances, and endorse them in our name for deposit and collection.

Submitted by: \_\_\_\_\_ Email: \_\_\_\_\_

*Signature of authorized agent for Creditor*

Please print name and title: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE E-MAIL OR FAX THIS FORM TO INITIATE ACTION

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[www.lienmaster.com](http://www.lienmaster.com)