



Caine & Weiner

Est. 1930

Excellence in Global Receivable Solutions



Consumer Placement

Assign by Mail, Fax or E-mail

Debtor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Debtor Contact: _____

Additional Responsible Party: _____

SS# (Primary Responsible): _____

Date of Birth (Primary Responsible): _____

Email: _____

Creditor Reference#: _____

**** SS# and/or Date of Birth required for reporting to Credit Bureaus**

Complete ONE of the following dates:

Transaction Date Last Statement Date

Last Payment Date Judgement Date

Charge Off Date

Date of Selected validation item: _____

Balance as of Date: _____

Provide amounts by transaction type that altered the balance after the date from above (please add Zero if applicable):

Interest Amount: _____

Fees Amount: _____

Payments: _____

Credits Amount: _____

Total Amount Assigned: _____

We assign the above account exclusively to you for collection. As our agent, you are authorized to proceed at once to collect the account. In the event it becomes necessary to forward the claim to attorneys for legal action, we direct and authorize you, as our agent and as a convenience to us, to send the account to an attorney. You or our attorneys are authorized to accept payments and to endorse checks, notes, money orders or drafts for extension. We further understand that if we authorize legal action, a suit fee or charge for cost of legal services provided by the attorney may be made in addition to the regular collection fees. We also understand that upon withdrawal of this account, any payments, settlements, or return of merchandise received by us after the assigned date will be subject to regular fees. In the event the submitted debtor is a consumer vs. a business, we attest that the Social Security number or date of birth submitted has been validated with information received from the consumer and is necessary in order for Caine & Weiner to submit the claim to the credit reporting agencies.

Creditor: _____

Client # if applicable: _____

Submitted By: _____

Date Submitted: _____

Creditor Telephone Number: _____

Creditor Fax number: _____

Creditor Email: _____

Creditor Address: _____

Creditor City/State/Zip: _____

Other information available and attached:

- Invoices Bank Reference
- Statements Bank Account Number
- NSF Checks Other

Creditor Remarks: _____
