



Caine & Weiner

Immediate Collection

Assign by Mail, Fax or Email

West Coast
21210 Erwin St.
Woodland Hills, CA 91367
818-226-6000
818-226-6010 Fax
ca@caine-weiner.com

Midwest
1699 E. Woodfield Rd.
Schaumburg, IL 60173
847-407-2320
847-619-4765 Fax
il@caine-weiner.com

Mid-South
9931 Corporate Campus Dr.
Louisville, KY 40223
502-425-9100
502-426-9005 Fax
ky@caine-weiner.com

Northeast
338 Harris Hill Rd.
Buffalo, NY 14221
716-633-0235
716-633-5944 Fax
ny@caine-weiner.com

Southwest
16200 Addison Rd.
Addison, TX 75001
877-343-6568
866-576-5397 Fax
tx@caine-weiner.com

Debtor Name: _____	Date: _____
Address: _____	Amount Assigned: _____
City/State/Zip: _____	Last Charge Date: _____
Phone: _____ Fax: _____	Creditor Reference #: _____
Debtor Contact: _____	Email: _____

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 designated by you in the county of the debtor or, where none is so designated to an attorney whose name or firm appears in a law list publication approved by the American Bar Association, upon prevailing rates in the area, net to him. 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 legal services provided by the attorney, will be made in addition to the regular collection fees. We also understand that withdrawal of this account, any payments, settlements, or return of merchandise, received by us after the assigned date, will be subject to regular fees.

Creditor: _____	Creditor Telephone Number: _____
Submitted By: _____	Creditor Fax Number: _____
Date Submitted: _____	Creditor Email: _____
Creditor Address: _____	
Creditor City/State/Zip: _____	

ADDITIONAL INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> CREDIT APPLICATION | <input type="checkbox"/> BANK REFERENCE |
| <input type="checkbox"/> N.G. CHECKS | <input type="checkbox"/> BANK ACCOUNT NUMBER |
| <input type="checkbox"/> PERSONAL GUARANTY | <input type="checkbox"/> OTHER |

Creditor Remarks: _____

