

American Financial Management, Inc. (AFM) Immediate Collection Claim Placement Form

Date: _____

1. Your Company Name: _____

Address, City, State, Zip: _____

Your Name: Mr. Mrs. Ms. _____

Phone: _____ Fax: _____

Email: _____ AFM Sales Rep: _____

Have you utilized AFM in the past? Yes No Authorized Credit Bureaus reporting? Yes No

2. Debtor/Obligor Name: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Title: _____

Other Phone: _____ Email: _____

3. Balance: _____ Account Number: _____

Date of Oldest Open Invoice: _____ Date of Last Payment: _____

- Do you have a signed Agreement with the Debtor/Obligor that includes a provision for:
 - Collection costs, attorney's fees and/or court costs? Yes No
 - Finance fees/interest? Yes No
- If you answered Yes to either of the two questions above, does the Balance written above include accrued finance fees, collection costs or attorney's fees? Yes No

4. The following backup documentation to accompany this form: Statement of Account Invoices
 Agreement(s) Correspondence NSF Check(s) Debtor/Obligor Payment Information

5. Please check all boxes that describe your experience with the Debtor/Obligor: Ignores Demands
 Broken Promises Dispute Alleged Financial Difficulties NSF Checks Out of Business

Please describe additional, important claim information that will help AFM's collection efforts:

Please confirm that you authorize AFM to proceed with **immediate demand and collection** on the claim described above in accordance with AFM's Published Rate Schedule and [AFM's Terms and Conditions](#).

Signature: _____