

**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: \_\_\_\_\_