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Commercial Collection Placement Form

Our Placement Form has been developed to make your job of sending business to The LaSource Group easier. This process has been divided into **3 simplified steps**.

Please use cap keys when filling out this form.

CLIENT INFORMATION

Client Name:		Date	
Address:			
City:		State	ZIP
Submitted By:	Phone	FAX	
Client E-mail			

DEBTOR INFORMATION

Debtor Name:			
Address:			
City:		State	ZIP
Contact Name:	Phone	FAX	
Cust. Number:	Debtor E-mail	Cell	

DEBT INFORMATION

Charged Date:	Principal Amt. Owed:
Delinquent Date:	Interest Amt.
Last Payment Date:	Collection Charges / NetTerms
Total Amount Paid:	Total Amt. Owed:

Invoices/Statements

Personal Guarantee

Credit App/Contract

PO's

Notes

Check Copy

Additional Comments:

Additional Comments:
