

LEONARD M. SCHWARTZ

Attorney at Law

Collections Placement Form

Client Information:

Date: _____

Client Name: _____

Client Address: _____

Client Contact, Title and Telephone number: _____

Client Account #: _____

Debtor Information:

Debtor's Name and Address: _____

Debtor's Social Security number: _____

Debtor's Place of Employment: _____ Date verified: _____

Debtor's Banking Institution: _____

Account Information:

Balance Placed for Collection: \$ _____

Contract allowing for attorney's fees attached? YES NO

Suit authorized? YES NO and initial: _____

* Please attach an itemized statement of the account as well as an affidavit attesting to the balance owed.

Mail all new placements to: Leonard M. Schwartz, Attorney at Law
1609 Richard Arrington Jr. Blvd. South
Birmingham, AL 35205

Office use only:

Fee agreement _____

Sue on: _____ Open Account _____ Account Stated _____ Contract