

# Claim Placement Form

# WHITNEY & RICHARDSON

## DEBTOR INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email \_\_\_\_\_

Type of Business: \_\_\_\_\_

Individual(s) responsible: \_\_\_\_\_

Amount (\$): \_\_\_\_\_ Invoice #: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

We, the creditor, refer the above account to you for collection and you are authorized to proceed at once to collect the amount due to creditor. Commission will be paid on all funds collected directly by Whitney & Richardson and any funds paid directly to creditor. Commission will also be paid for the return of merchandise at invoiced value of said merchandise. Early cancellation of Whitney & Richardson's collection efforts may, at Whitney & Richardson's discretion, result in a charge of the full commission. You as our agent are authorized to accept payments and to endorse checks, notes, money orders or drafts for deposit; the net proceeds of which you are to remit to us. Any payments made directly to creditor will be reported to Whitney & Richardson immediately. We also agree to immediately report to Whitney & Richardson any communication that we may receive from the debtor. Creditor authorization is required to file suit or compromise the debt for a lesser sum. In the event litigation is deemed necessary, we direct and authorize you, as our agent, to retain an attorney designated by Whitney & Richardson in the county of the debtor.

Creditor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Fax: \_\_\_\_\_

Whitney & Richardson Sales Representative \_\_\_\_\_

[www.whitney-richardson.com](http://www.whitney-richardson.com)

**1-800-228-6212**

Whitney & Richardson, Inc.  
11438 River Road  
Saint Rose, Louisiana 70087

**Finally, an agency after your money!**



International Association  
of Commercial Collectors, Inc.