

Commercial Services Division

**CLAIM PLACEMENT FORM
FOR IMMEDIATE ACTION CALL**
TOLL FREE 866-601-4682
steve.jorde@corp.transworldsystems.com

Steve Jorde
Account Manager
FAX 866-245-9368

WE REFER THE BELOW TO YOU FOR COLLECTIONS AND YOU ARE AUTHORIZED TO PROCEED AT ONCE TO COLLECT THE AMOUNT. COMMISSION WILL BE CHARGED ON ACCOUNTS, PAID DIRECT OR SETTLED BY RETURN MERCHANDISE.

DEBTOR NAME		AMOUNT
ADDRESS		TELEPHONE (ALL)
CITY/STATE/ZIP		DATE OF LAST SALE
TYPE OF BUSINESS	RESPONSIBLE PERSON	DATE OF LAST PMT
FACTS:		INVOICE #
CLIENT REF#		

DEBTOR NAME		AMOUNT
ADDRESS		TELEPHONE #
CITY/STATE/ZIP		DATE OF LAST SALE
TYPE OF BUSINESS	RESPONSIBLE PERSON	DATE OF LAST PMT
FACTS		INVOICE #
CLIENT REF#		

YOUR COMPANY NAME:	DATE
ADDRESS	CITY/ST.
AUTHORIZED BY	ZIP CODE
ACCOUNT #	TELEPHONE#