



FEDERATION of CREDIT
and FINANCIAL PROFESSIONALS



Smyyth Collections, LLC
51 Cragwood Road, Suite 200
South Plainfield, NJ 07080

Collection Placement Form

Voice +1 646 442 3489
Fax +1 908 755 7451
collections@smyyth.com

Date: _____

Name of Debtor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Principals: _____

Debtor's Bank: _____

Amount of Claim: _____

Additional Information: _____

Important: Please enclose/mail copies of all pertinent documents, invoice copies, itemized statements, NG checks, notes, guarantees, etc.

By signing below, we hereby authorize this for collection under our Terms and Conditions, as referenced on <http://www.smyyth.com/placecollections.asp>.

Your Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Your Email: _____

Authorized Signature: _____ Title: _____