



Smyth Collections LLC
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Collection Placement Form

Date _____

Name of Debtor _____

Address _____

City _____ State _____ Zip _____

Phone _____

Debtor Contacts - **Emails** _____

Names of Principals _____

Amount of Debt \$ _____ Last Payment Received _____

Additional Information:

Important: Please enclose/mail copies of pertinent documents, invoice copies, statements, NG Checks, guaranties, etc.

By signing below, we hereby authorize this for collection under our Standard Terms and Conditions, as referenced on <https://www.smyyth.com/collections/terms-and-conditions/>

Your Company (Creditor) _____

Address _____

City _____ **State** _____ **Zip** _____

Your Direct Phone _____ **Your email** _____

Authorized Signature: _____ **Title** _____