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AN INTERNATIONAL COLLECTION SERVICE

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PLACEMENT FORM

CREDITOR INFORMATION				
COMPANY				
CONTACT NAME				
COMPANY ADDRESS				
CITY, STATE ZIP				
OFFICE TEL:		OFFICE FAX:		
EMAIL:		WEBSITE:		
DEBTOR INFORMATION				
NAME / TITLE:				
COMPANY NAME:				
COMPANY ADDRESS:				
CITY STATE ZIP:				
OFFICE TEL 1:		FAX 1:		
OFFICE TEL 2:		FAX 2:		
URL:		EMAIL:		
CLIENT REF:				
PRINCIPAL DEBT				
LAST INVOICE DATE:				
TOTAL DEBT OWED:				
LAST INVOICE DATE				
TYPE OF ACCOUNT:	()	BUSINESS	() CONSUMER	₹
,	, ,		,	
COMMENTS:				
BACK UP TO BE SENT:	WITH THIS FAX	() VIA EMAIL () UNDER SEPARATE CO	OVER()
AUTHORIZED SIGNATURE:	Name		Title	_ <i>Date:</i>

