



Caine & Weiner

Est. 1930

Excellence in Global Receivable Solutions



Consumer Placement

Assign by Mail, Fax or E-mail

West Coast

5805 Sepulveda Blvd.
Sherman Oaks, CA 91411
818-226-6000
866-501-1906 Fax
ca@caine-weiner.com

Midwest

1699 E. Woodfield Rd.
Schaumburg, IL 60173
847-407-2320
866-871-4967 Fax
il@caine-weiner.com

Mid-South

2000 Warrington Way
Louisville, KY 40222
502-425-9100
866-708-9590 Fax
ky@caine-weiner.com

Northeast

338 Harris Hill Rd.
Buffalo, NY 14221
716-633-0235
866-269-6327 Fax
ny@caine-weiner.com

Southwest

12005 Ford Road
Dallas, TX 75234
972-248-6499
866-517-7313 Fax
tx@caine-weiner.com

Debtor Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Debtor Contact: _____
Additional Responsible Party: _____
SS# (Primary Responsible): _____

Amount Assigned: _____
Last Invoice Date: _____
Date Delinquent: _____
Last Payment Date: _____
Creditor Reference#: _____
Email: _____
Date of Birth (Primary Responsible): _____

**** SS# and/or Date of Birth required for reporting to Credit Bureaus**

We assign the above account exclusively to you for collection. As our agent, you are authorized to proceed at once to collect the account. In the event it becomes necessary to forward the claim to attorneys for legal action, we direct and authorize you, as our agent and as a convenience to us, to send the account to an attorney. You or our attorneys are authorized to accept payments and to endorse checks, notes, money orders or drafts for extension. We further understand that if we authorize legal action, a suit fee or charge for cost of legal services provided by the attorney may be made in addition to the regular collection fees. We also understand that upon withdrawal of this account, any payments, settlements, or return of merchandise received by us after the assigned date will be subject to regular fees. In the event the submitted debtor is a consumer vs. a business, we attest that the Social Security number or date of birth submitted has been validated with information received from the consumer and is necessary in order for Caine & Weiner to submit the claim to the credit reporting agencies.

Creditor: _____
Client # if applicable: _____
Submitted By: _____
Date Submitted: _____

Creditor Telephone Number: _____
Creditor Fax number: _____
Creditor Email: _____

Creditor Address: _____
Creditor City/State/Zip: _____

Other information available and attached:

- Invoices
- Statements
- NSF Checks
- Bank Reference
- Bank Account Number
- Other

Creditor Remarks: _____

