



Caine & Weiner
Est. 1930
 Excellence in Global Receivable Solutions



Commercial 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): _____

**** Social Security 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
- Bank Reference
- Statements
- Bank Account Number
- NSF Checks
- Other

Creditor Remarks: _____

