

ACCOUNT PLACEMENT FORM COMMERCIAL ACCEPTANCE COMPANY

PLEASE COMPLETE THIS FORM AND ATTACH COPY OF **CONTRACT AND
APPLICATION OR INFORMATION SHEET**

Client Name: _____

Debtor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

SS# _____ Account# _____

Home Ph# :(____) _____ Bus Ph# :(____) _____

Employer Name: _____

Reference Name: _____

Reference Phone # (____) _____

Date of Debt: _____

Balance Due: _____

Remarks or Special Instructions: _____

2 W. Main St. Shiremanstown, PA 17011

800-690-3857

Fax (717)901-5565