



Commercial Acceptance Company  
*Debt Recovery Consultants*

ACCOUNT PLACEMENT FORM  
PLEASE COMPLETE THIS FORM AND ATTACH COPY OF **CONTACT OR BILL,**  
**PAYMENT HISTORY AND APPLICATION**

Client Name: \_\_\_\_\_

Debtor Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS# \_\_\_\_\_ Account# \_\_\_\_\_

Home Ph# :(\_\_\_\_) \_\_\_\_\_ Bus Ph# :(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone # (\_\_\_\_) \_\_\_\_\_

Date of Debt/Service: \_\_\_\_\_

Date of Write-Off/Final Bill: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Remarks or Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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