

# ABC COLLECTORS, INC.

## CLAIM FORM

130 5TH St East  
PO Box 1099  
Kalispell, MT 59903-1099

www.abccollectorsinc.com  
info@abccollect.com

Phone: 406-752-8001  
Fax: 406-752-8005  
Toll Free: 888-418-8001

The accounts and claims below are hereby assigned to ABC Collectors, Inc. for collection, subject to ABC Collectors, Inc.'s established rates which are as follows: 50% for accounts \$100.00 or less, all accounts that require litigation, and all accounts that need to be forwarded out of the area. 33 1/3% for accounts over \$100.00 that do not require litigation. Said rates are applicable whether payment is made to ABC Collectors, Inc. or directly to you. We will promptly report all payments received by us. Please act as our agent in clearing drafts, checks, and notes for collection and in placing out of town accounts with bonded agents and attorneys. Please contact us to update information or to withdraw claims. Please include / attach any invoices, contracts, or other documentation regarding the below claims.

Business / Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Signature (or use E-signature below) \_\_\_\_\_ Position (if business) \_\_\_\_\_

Electronic Signature: (  ) By checking this box, the above named person consents to the terms and conditions set forth herein and intends to assign the below claims for collection to ABC Collectors, Inc. This mark constitutes your signature and consent. A paper copy of this document will be provided upon request.

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Debtor's No. \_\_\_\_\_ Debtor's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ Debtor's Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Spouse's Employer Phone \_\_\_\_\_

Additional Information (relatives, references, etc.) \_\_\_\_\_

Principal Amount of Debt \$ \_\_\_\_\_ (  ) Acct. Disputed (  ) Mail Returned

Last Interest / Finance Charge \$ \_\_\_\_\_ Date of Last Charge \_\_\_\_\_

Total Due \$ \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

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Debtor's No. \_\_\_\_\_ Debtor's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ Debtor's Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Spouse's Employer Phone \_\_\_\_\_

Additional Information (relatives, references, etc.) \_\_\_\_\_

Principal Amount of Debt \$ \_\_\_\_\_ (  ) Acct. Disputed (  ) Mail Returned

Last Interest / Finance Charge \$ \_\_\_\_\_ Date of Last Charge \_\_\_\_\_

Total Due \$ \_\_\_\_\_ Date of Last Payment \_\_\_\_\_