



NATIONWIDE SERVICES, INC.

Corporate Offices: 1187 Coast Village Road, Suite 466, Santa Barbara, California 93108-2794 • (805) 985-6293

www.n-w-s.net

Mailing: Post Office Box 2639 • Camarillo, California 93011-2639 • (805) 482-8574

IMMEDIATE CLAIM PLACEMENT

COMPLETE AND EMAIL PDF OR MAIL THIS TO :

Nationwide Services, Inc. Post Office Box 2639 Camarillo, California 93011

PH. (805) 985-6293 * Email: placements@n-w-s.net

PLEASE PROCEED WITH IMMEDIATE COLLECTION ON THE ACCOUNT LISTED. WE AGREE TO NOTIFY YOU PROMPTLY OF ANY PAYMENTS RECEIVED. WE AGREE TO PAY YOUR FEES ON ANY PAYMENTS MADE FROM THE DATE OF ASSIGNMENT FORWARD. WE UNDERSTAND ACCOUNTS CANCELLED OR WITHDRAWN OR IF NATIONWIDE SERVICES DISCOVERS THAT A CLAIM WAS PREVIOUSLY PAID ARE SUBJECT TO A FEE OF ONE-HALF THE PREVAILING RATE AND THAT AGENCY RETAINS INTEREST IF COLLECTED UNLESS OTHER ARRANGEMENTS ARE MADE. WE SUBMIT THE ATTACH DOCUMENTS SUBSTANTIATING OUR CLAIM.

DEBTOR _____

ADDRESS _____

CITY _____ STATE/ZIP _____

NAME OF CONTACT _____

TELEPHONE (_____) _____ FAX# _____ CUSTOMER NO. _____

BALANCE DUE \$ _____ DATE OF LAST CHARGE _____

DEBTOR ENTITY: CORPORATION PARTNERSHIP INDIVIDUAL GUARANTY

WE SUBIT THE FOLLOWING:

INVOICES ITEMIZED STATEMENT CREDIT APPLICATION OTHER DOCUMENTS

COMMENTS / ADDITIONAL INFORMATION:

EMAILS

YOU ARE AUTHORIZED TO PROCEED WITH THIS ASSIGNMENT AND UNDERSTAND NO LEGAL ACTION WILL BE TAKEN WITHOUT APPROVAL.

CREDITOR _____ DATE: _____

ADDRESS _____ TELEPHONE (_____) _____

CITY _____ STATE/ZIP _____

SIGNATURE _____ TITLE (_____) _____

NAME/PRINT _____ EMAIL: _____