

COLLECTION SERVICES

REFERRAL FOR LAW FIRM

FAX# 800-226-1631

Please provide the following information to allow the attorneys to evaluate your claim. Collection fees will depend on many factors including complexity of the issues, collectability of your customer, and the amount of your claim. The initial conference with the attorneys to discuss your claim will be without charge. Fees for services will be discussed at that time.

Creditors Information

Your Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Contact Person: _____

Debtors Information

Your Debtor: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Person(s) at debtor with whom you have had dealings: _____

Project Information

Project Name and Address: _____

Project Owner (if know): _____

Project General Contractor (if it is different from your customer and if known): _____

State the amount you believe you are owed: _____

Describe generally any known area(s) of dispute: _____