

Collection Control Program Account Assignment Form

1. Debtor information

Debtor Name _____ DOB _____
 SSN _____ Debtor's Customer No. _____ Amount _____
 Address _____
 City _____ State _____ Zip _____ Are there other known locations? Yes No
 If yes, please list on lines below:

 Party to Contact _____ Telephone _____
 Banks with _____ Debtor's Bank Account No _____

2. Important (Please designate ALL that apply)

Commercial Consumer Construction Case Judgment in Place

3. Please enclose all documents in your control that are part of this account. (Please check ALL included)

Statement of Account Credit Application
 Personal Guarantee(s) even if part of application Copies of NSF checks Any notes or emails regarding this account

(Please provide the following information:) Interest _____ % per contract Number of days the account is past due: _____ days

4. Comments on the account. (Please check ALL that apply)

Business Bankruptcy: Filed: _____ Threatened: _____
 Consumer/Personal Guarantor Bankruptcy: Filed: _____ Threatened: _____
 Phone Disconnected Mail Returned Business Closed Account Disputed

5. Check type of service desired: 20-Day 10-Day Demand Immediate Action Attorney Service

6. Creditor information

Name _____ Member # _____ Nonmember
 Address _____
 City _____ State _____ Zip _____
 Email Address _____ Telephone _____ Date _____

7. We agree that NACM Oregon may retain interest or other amounts collected above the original placement amount. We agree to all Terms & Conditions as outlined in the NACM Oregon Agreement for the Collection of Delinquent Accounts which can be found at www.getthemoney.org.

8. Notification: We agree to notify NACM Oregon promptly of any payments or responses from debtor.

9. I would like to receive more: Assignment Forms Past-Due Reminder Stickers

10. Merchandise returned and accepted by creditor is charged at half the normal rate. Second placements billed at 50%.

Authorized Signature _____