



PRIMECORE GROUP

PLACEMENT FORM Debtor Information

Debtor Company Name: _____ Business Phone Number: _____
Owner / Contact Home Number: _____ Owner / Contact Mobile Number: _____
Address: _____ Fax #: _____
City: _____ State: _____ Zip Code: _____
Contact #1: _____ Title: _____
Total Invoice Amounts: \$ _____
Date and amount of last payment received from customer: _____
Reason for non-payment: _____
What product was sold or service provided: _____
Notes for the collector:

Invoice Details:

Invoice #: _____ Date: _____ Amount: _____

UPON SUBMISSION OF THIS DOCUMENT, CLIENT AUTHORIZES PRIMECORE GROUP, LLC TO INITIATE COLLECTION ACTIVITY ON THE ABOVE LISTED ACCOUNTS FOR A PERIOD OF NO LESS THAN 100 DAYS. AFTER 100 DAYS, IF THERE ARE NO PAYMENTS IN PROCESS OR IMMINENT, CLIENT MAY CANCEL INVOLVEMENT WITH PRIMECORE GROUP, LLC AT ANY TIME WITH WRITTEN NOTICE.

Your Company Name: _____ Phone #: _____
Address: _____ Email: _____

Signature: _____

Print Name: _____ Date: _____

PrimeCore Group Use Only:

Client Number: _____ Rate: _____ Sales Rep name _____

*Please fax completed form to PrimeCore Group, LLC
Thank you!*

Toll Free: 1-855-346-PRIM (7746) | Phone: 412-563-1761
Fax: (412) 563-1771 / www.primecoregroup.com