

HARVEST RECOVERY SERVICES, LLC

Use this form as your Fax cover sheet.

Date _____

Fax: (267) 419-1599

No. of Page(s) Sent, Including this page _____

Attn: _____

Commercial Placement Claim Form

Client Information

Client	Contact Name(please print)
Address	Signature
City State Zip	Phone ()

Debtor 1 <i>Your Account Number</i>			
Name of account		Responsible Owner/Officer/Party	
Address	City	State	Zip
Phone Area Code ()	Date of Last Transaction	Balance Due	
Enclosed are: (Please check all that apply)			
Invoice (s)	Credit Application	Original Contract	
Itemized Statement	COD NSF Check	Notes or Drafts	
Proof of Delivery	Open Acc. NSF Check	Personal Guarentee	

Additional Information

Debtor 2 <i>Your Account Number</i>			
Name of account		Responsible Owner/Officer/Party	
Address	City	State	Zip
Phone Area Code ()	Date of Last Transaction	Balance Due	
Enclosed are: (Please check all that apply)			
Invoice (s)	Credit Application	Original Contract	
Itemized Statement	COD NSF Check	Notes or Drafts	
Proof of Delivery	Open Acc. NSF Check	Personal Guarentee	

Additional Information

Member of the CLLA (Commercial Law League), and ACA (American Collectors Association)