

H.F. Communications Letter Service Placement Form

Your Company: _____

Contact: _____ Date: ___/___/___

THIS IS AN OPTIONAL PLACEMENT FORM. YOU MAY FAX/EMAIL US THIS INFO IN ANY OTHER FORMAT SUCH AS INVOICES, STATEMENTS, CONTRACTS, TYPED EMAIL, EXCEL, ETC.

Debtor Information		
Debtor Name		
Contact Name		
Address		
City	State	Zip
Amount Due	Last Actual Date of Service	
Account Number	Phone	

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