H.F. Communications
Full Service Placement Form

Debtor Information:

Account Name: ____

Contact Name: ____

Address: ____

City: ________________________ **State:** ________________ **Zip:** ____________________

Phone: _________________ **Phone2:** ____________________ **Email:** __________________

Amount Owed: _____________________________ **Your account number:** ______________

First invoice date: ________________________ **Last invoice date:** ______________________

Last payment amount & date: ____

Detailed Description of Debt: ____

Additional Information: ____

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Creditor: ____

Contact Name: _______________________________ **Phone:** _______________________

Sales Representative: __________________________ **Date:** _________________________