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:** _____