

H.F. COMMUNICATIONS

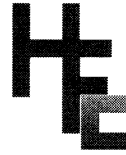
FULL SERVICE PLACEMENT FORM

1.866.504.3861 Toll Free

763.780.2279 Fax

www.hfcommunications.net

Place Online!!



DEBTOR INFORMATION

Your
Account Number:

Account Name:

Contact Name:

Address:

City: State: Zip:

Main Phone: Addt'l Phone:

Email:

Add'l Contact Info:
Website, Add'l Phones, Fax, etc.:

Additional Info: _____

BALANCE BREAKDOWN

PLEASE INCLUDE ACTUAL INVOICE DATES OF SERVICES, NOT STATEMENT MAILED DATES.

Total Balance:

First Invoice Date: Most Recent Invoice Date: Finance Charges Included:

NOT STATEMENT DATES. NOT STATEMENT DATES. TALK TO REPRESENTATIVE ABOUT MAXIMUM PERMITTED BY YOUR STATE'S LAW.

CLIENT INFORMATION

Your
COMPANY NAME:

Your
CONTACT NAME:

Your
PHONE NUMBER:

DATE: