

# H.F. Communications Letter Service Placement Form

Your Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Debtor Information		
Debtor Name		
Contact Name		
Address		
City	State	Zip
Amount Due	Date of Most Recent Invoice	
Account Number	Phone	

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