

IMMEDIATE CLAIM PLACEMENT

Complete and mail this original to:
ADAMS, CHASE AND EMERSON
Post Office Box 9

Please proceed with Immediate Collection in accordance with your standard rates and terms.

So. Weymouth, Massachusetts 02190
(781) 337-8093
1-800-732-4518
Fax (781) 337-0026
email: markace777@aol.com

Debtor _____ Phone (____) _____

Name of Individual (s) _____

Address _____

City _____ State/Zip _____

Balance due \$ _____ Date of last charge _____

Service/finance/interest charges included: Yes No

Debtor entity: Corporation Partnership Individual

Enclosed to assist ADAMS, CHASE AND EMERSON are:

Itemized statement: Credit application Correspondence Promissory note
 Original bad check(s) Credit report(s) Invoice(s) Other

Comments _____

Rates and terms on amounts collected, paid direct or withdrawn after demand for payment has been made:

25% on the first \$500.00
20% on the next \$501.00 to \$2000.00 Other
15% over \$2000.00

These rates apply to each commercial account. Authorized legal action requires additional court costs and suit fees.

You are authorized to forward this claim to any attorney if necessary. Suit shall not be filed without our approval.

Creditor _____ Phone (____) _____

Address _____

City _____ State/Zip _____

Signature _____ Date _____

Please call me Please send more: Envelopes Immediate Claims forms