



NATIONWIDE SERVICES, INC.

Mailing: Post Office Box 2639 • Camarillo, California 93011-2639

Corporate Offices: 1187 Coast Village Road, Suite 466 • Montecito, California 93108-2794
Telephones: Corporate (805) 482-8574 • Camarillo (805) 985-6293 • Fax (805) 482-7384



www.n-w-s.net

IMMEDIATE CLAIM PLACEMENT

COMPLETE AND MAIL THIS ORIGINAL TO :

Nationwide Services, Inc. Post Office Box 2639, Camarillo, Ca. 93011
Telephone: (805) 482-8574 Fax (805) 482-7384 Email: info@n-w-s.net

PLEASE PROCEED WITH IMMEDIATE COLLECTION ON THE ACCOUNT LISTED. WE AGREE TO NOTIFY YOU PROMPTLY OF ANY PAYMENTS RECEIVED. WE AGREE TO PAY YOUR FEES ON ANY PAYMENTS MADE FROM THE DATE OF ASSIGNMENT FORWARD. WE UNDERSTAND ACCOUNTS CANCELLED OR WITHDRAWN OR IF N\$ DISCOVERS THAT A CLAIM WAS PREVIOUSLY PAID ARE SUBJECT TO A FEE OF ONE-HALF THE PREVAILING RATE AND THAT AGENCY RETAINS INTEREST COLLECTED UNLESS OTHER ARRANGEMENTS ARE MADE.

DEBTOR _____

ADDRESS _____

CITY _____ STATE/ZIP _____

NAME OF CONTACT _____

TELEPHONE (_____) _____ FAX# _____ CUSTOMER NO. _____

BALANCE DUE \$ _____ DATE OF LAST CHARGE _____

DEBTOR ENTITY: CORPORATION PARTNERSHIP INDIVIDUAL GUARANTY



WE ENCLOSE THE FOLLOWING:

INVOICES ITEMIZED STATEMENT CREDIT APPLICATION OTHER DOCUMENTS

COMMENTS/SUGGESTIONS _____



YOU ARE AUTHORIZED TO FORWARD THIS CLAIM TO AN ATTORNEY IF NECESSARY. NO LEGAL ACTION WILL BE TAKEN WITHOUT YOUR PRIOR APPROVAL.

CREDITOR _____ DATE: _____

ADDRESS _____ TELEPHONE (_____) _____

CITY _____ STATE/ZIP _____

SIGNATURE _____ FAX (_____) _____

NAME/PRINT _____ TITLE _____



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