



**Makenna Kali
& Associates, Inc.**

Account Placement Form

Your Company Information:

Your Company	Date
Phone	Placed By

Debtor / Client

Company Name				
Address				
City		State		Zip Code
Contact Name			Phone	
E-Mail Address:			Phone	
Your Customer #			Fax	
Proof of Debt Included			Collection Approach	
	Included	Available	Soft	
Invoices			Medium	
Credit Application			Hard	
NSF Check			Notes:	
Bank Info				
Personal Guarantee				
Social Security Numbers				
Payment History				

Account Information

Last Invoice Date: _____

Last Payment Date: _____

Amount Owed: _____

Collection Fees: _____

Total Assigned: _____

Internal Use Only
CL#
SI #
RT#

