



Collection Control Program Account Assignment Form

1 Debtor Information:

Debtor Name: _____

Date of Birth: _____ Social Security Number: _____

Debtor's Customer Number: _____ Amount: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Party to Contact: _____ Telephone: _____

Banks with: _____ Debtor's Bank Account No.: _____

2 Important - Please designate all that apply. Type of account: Commercial Consumer Construction Case Judgment in Place

3 Please enclose:

Statement of Account Credit Application Any contracts, notes, NSF checks, or agreements pertaining to attorney fees or collection fees

Interest _____ % per contract.

4 Recommendations and remarks:

5 Check type of service desired:

Pre-collect Letter: 20-day 10-Day Demand Immediate Action Attorney Service

6 Member Information:

Name: _____ Member #: _____ Nonmember

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone: _____ Date: _____

7 We agree that NACM Oregon may retain interest or other amounts collected above the original placement amount.

8 Notification: We agree to notify NACM Oregon promptly of any payments or responses from debtor.

9 I would like to receive more: Assignment Forms Past-due Reminder Stickers

10 Merchandise returned and accepted by creditor is charged at half the normal rate. Second placements billed at 50%.

Authorized signature: _____