



**GUIDANCE RECOVERY SERVICES, LLC**

Commercial Collections  
Mechanics Liens  
Litigation Forwarding

Telephone: 815-463-5436  
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P.O. Box 1265, Frankfort, Illinois 60423

www.grslien.com

**CLAIM PLACEMENT FORM**

**(FOR COLLECTION AGENCY ACTION)**

GRS is hereby authorized to endorse in the name of the undersigned and to negotiate with client's approval or to deposit in any bank account of GRS, any and all checks, drafts, bills of exchange or other orders for the payment of money payable or endorsed to the undersigned which come into our possession by the reason of our acting as Collecting Agent for the undersigned and their firm.

Date: \_\_\_\_\_

CREDITOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEBTOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor Contact Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**BALANCE INFORMATION:**

**SERVICE REQUESTED:**

Principal Due           \$ \_\_\_\_\_  
Interest                 \$ \_\_\_\_\_  
NSF Charges            \$ \_\_\_\_\_  
Total Claim             \$ \_\_\_\_\_

“Flat Fee” Payment Demand    \_\_\_\_\_  
Basic Collection Service        \_\_\_\_\_  
Litigation                         \_\_\_\_\_

**Please include any of the following:** *Statements \* Invoices \* Credit Applications \* Contracts \* Correspondence*

**Please Explain circumstances surrounding delinquency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted By: \_\_\_\_\_