

ASSIGNMENT FORM

Commercial Adjustment Company

901 Marine Dr. (PO Box 57)

Astoria, OR 97103

Ph: (503) 325- 0511 Fax: (503) 325-9501 Toll Free: (888) 325-0343

Email: Barb@commercialadjustment.com **** Website: www.commercialadjustment.com

Kent & Barbara Birdeno, Owners

We hereby assign the following account for collection at our agreed upon rate. We agree to provide you with an itemized statement or other proof of indebtedness within ten (10) days of your request. We herewith empower you with authority to collect, sue, or take action as you may deem advisable in our best interest to enforce collection.

Debtor Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail returned at above address: **yes** **no** Phone: _____

****Employment:** _____ Phone: _____

Date of Birth: _____ SSN: _____ ODL: _____

****Spouse Employment:** _____ Phone: _____

Spouse (DOB): _____ SSN: _____ ODL: _____

**** Bank Name:** _____

Principal Amt: \$ _____ Date of last service: _____

Interest Amt: \$ _____ Interest Thru: _____

TOTAL DUE: \$ _____ Date of Last Payment: _____

**** Acct. is disputed?** **yes** **no** Open account: Bad Ck:

Remarks: _____

Creditor: _____

Address: _____ City: _____ St: _____ Zip: _____

By: _____ Position: _____

(Authorized signature) Phone: _____ Fax: _____

Commissions shall be deemed earned by CAC on any payments made following the date of acknowledgement, whether the said payment is made to CAC or direct to creditor.

REFER ANY DEBTOR TO CAC SHOULD THEY CONTACT YOU.