

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

We hereby assign the following account for collection at our agreed upon rate. Attached is the itemized statement or other proof of indebtedness. We herewith empower you with authority to collect, sue, or take action as you may deem advisable in our best interest to enforce collection.

CONSUMER: _____ SPOUSE: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

Date of Birth: _____ SSN: _____

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

Spouse (DOB): _____ SSN: _____

***** Bank/ Credit/ Debit Card Name:** _____

Principal Amt: \$ _____ **NOTE: Accrue Interest Based on Principal Amount**

Collection Fee: \$ _____ Date of Last Service: _____ Date of Delinquency: _____
OR

Late Fees: \$ _____ **All Fees Must be Included on Statement or in Contract**

Interest Amt: \$ _____ % Rate on Statement _____ Interest Thru Date: _____

TOTAL \$ _____ Date of Last Payment: _____

**** Acct. is disputed?** **yes** **No** _____ Final Stmt. Date: _____

Remarks: _____ Acct # _____

Creditor: _____

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

EMAIL: _____

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 CONSUMER TO US SHOULD THEY CONTACT YOU