

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 DATE OF BIRTH: _____ SPOUSE SSN: _____

***BANK/CREDIT/DEBIT CARD NAME: _____

PRINCIPLE: \$	NOTE: ACCRUE INTEREST BASED ON PRINCIPLE AMOUNT		
---------------	--	--	--

COLLECTION: \$	DATE OF LAST SERVICE:		DATE OF DELINQUENCY?	
----------------	-----------------------	--	----------------------	--

OR LATE FEES: \$	ALL FEES MUST BE INCLUDED ON STATEMENT OR IN CONTRACT		
------------------	--	--	--

INTEREST AMOUNT: \$	% RATE ON STATEMENT:		
---------------------	----------------------	--	--

**ACCT IS DISPUTED? YES _____ NO _____	INTEREST THRU DATE:		
	DATE OF LAST PAYMENT:	TOTAL OF CREDITS/PAYMENTS	\$
	FINAL STATEMENT DATE:		

REMARKS: _____ ACCOUNT #: _____

CREDITOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

BY: _____ POSITION: _____

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 directly to the creditor.

CLIENT MUST REPORT ANY DIRECT PAYMENTS TO COMMERCIAL ADJUSTMENT COMPANY.

REFER ANY CONSUMER TO US SHOULD THEY CONTACT YOU