

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
SPOUSE DATE OF BIRTH:			SSN:
***BANK/CREDIT/DEBIT CARD NAME:			

NOTE: ACCRUE INTEREST BASED ON PRINCIPLE AMOUNT

ORIGINAL BALANCE: \$	TOTAL OF CREDITS/PAYMENTS MADE: \$	
CURRENT PRINCIPLE BALANCE: \$		
COLLECTION/LATE FEES: \$	DATE OF LAST SERVICE:	DATE OF DELINQUENCY?
INTEREST AMOUNT: \$	ALL FEES MUST BE INCLUDED ON STATEMENT OR IN CONTRACT	
TOTAL: \$	% RATE ON STATEMENT:	
**ACCT IS DISPUTED?	INTEREST THRU DATE:	
YES _____ NO _____	DATE OF LAST PAYMENT:	
	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