

# Immediate Claim Placement Form



<http://www.ccg2.com>



COMPLETE AND MAIL THIS TO:

## CONTINENTAL COMMERCIAL GROUP, LOS ANGELES

LOS ANGELES - 317 S. Brand Blvd., Glendale, CA 91204 Nationwide (800) 743-0645 Fax (888) 440-6801  
SAN FRANCISCO - 655 Leweling Blvd Ste. 325 San Leandro, CA 94579 Phone (510) 276-2200 Fax (510) 276-2201  
BALTIMORE · 32 West Rd. Towson, MD 21204 Phone (410) 494-4324 FAX (410) 494-4326  
SEATTLE · 800 5th Ave.#101-388, Seattle, WA 98104 Phone (425) 644-7747 Fax (818) 638-5035

Please proceed with immediate collection action on the account listed. We acknowledge that we have received and understand the rate schedule and terms. We agree to notify you promptly of any payment received and agree to your fees on any payments made from the date of assignment forward. Should the debtor attempt to contact our office we will refer them directly to CCG for further handling and disposition. We understand agency is authorized to retain interest unless other arrangements are made.

Debtor

Address

City  State  ZIP/Postal Code

Name Of Contact

Telephone  Customer Number  Balance Due \$

DEBTOR ENTITY:  Corporation  Partnership  Individual Date of Last Charge

PLEASE ATTACH THE FOLLOWING DOCUMENTATION WITH THIS CLAIM.

- Invoices  Itemized Statemet  Credit Application  Other Documentation

OTHER HELPFUL INFORMATION IF YES, GIVE BRIEF EXPLANATION BELOW

ADDITIONAL COMMENTS

CCG is authorized to forward this claim to an attorney for further collection efforts and assessment for possible litigation. No lawsuit will be filed against the debtor, nor settlement offer accepted, without approval of creditor.

Creditor  Account No

Address  Telephone

City  State  FAX

Print Name  Date

AUTHORIZED SIGNATURE \_\_\_\_\_