

Leib Solutions LLC

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Commercial Collection Placement Form

By submitting this form, you agree to the Terms of Agreement: <https://www.leibsolutions.com/collection-service-agreement/>

YOUR INFORMATION (CREDITOR)

Your Company Name	Website
Address	
City / State / Zip	
Email Address	Telephone
Printed Name	Title
Information about your business (optional)	
Signature	Date

DEBTOR #1 INFORMATION

Debtor Name	Your Account #	
Address		
City / State / Zip		
Website	Debtor Contact Name(s)	
Telephone	Mobile	Email
Amount of Claim (\$)	Date of Oldest Invoice	Date of Last Payment

More Information (check all that apply):

- Account Disputed Business Closed Mail Returned Phone Disconnected
 Bankruptcy No Response

Other notes / background

Leib Solutions LLC

Commercial Collection Placement Form (continued)

Use this page for additional debtors (optional)

DEBTOR #2 INFORMATION

Debtor Name Your Account #

Address

City / State / Zip

Website Debtor Contact Name(s)

Telephone Mobile Email

Amount of Claim (\$) Date of Oldest Invoice Date of Last Payment

More Information (check all that apply):

- Account Disputed Business Closed Mail Returned Phone Disconnected
 Bankruptcy No Response

Other notes / background

DEBTOR #3 INFORMATION

Debtor Name Your Account #

Address

City / State / Zip

Website Debtor Contact Name(s)

Telephone Mobile Email

Amount of Claim (\$) Date of Oldest Invoice Date of Last Payment

More Information (check all that apply):

- Account Disputed Business Closed Mail Returned Phone Disconnected
 Bankruptcy No Response

Other notes / background

Attach supporting documents (as available): Statement of Account, Credit Application, contracts/notes, NSF checks, attorney/collection fee agreements, personal guarantees, emails/notes.