

**STANDARD PLACEMENT
FORM**

CILENT/CODE: _____

CRSI FAX #: 713-467-8744

THE ACCOUNTS LISTED BELOW ARE BEING TURNED OVER TO YOUR AGENCY FOR COLLECTIONS.

1. PRIMARY NAME ON ACCOUNT	ACCOUNT#:
ADDRESS: _____	HOME PHONE#: _____
CTY/ST/ZIP _____	SOC. SEC. #: _____
NAME OF CURRENT EMPLOYER _____	EMPLOYMENT PHONE # _____
BALANCE DUE: _____	
SECONDARY NAME ON ACCT(IF DIFFERENT)	HOME PHONE
NAME OF CURRENT EMPLOYER _____	PHONE # _____
SOCIAL SECURITY # _____	DATE OF DELINQUENCY (MONTH & YEAR) _____

COMMENTS: _____

2. PRIMARY NAME ON ACCOUNT	ACCOUNT#:
ADDRESS: _____	HOME PHONE#: _____
CTY/ST/ZIP _____	SOC. SEC. #: _____
NAME OF CURRENT EMPLOYER _____	EMPLOYMENT PHONE # _____
BALANCE DUE: _____	
SECONDARY NAME ON ACCT(IF DIFFERENT)	HOME PHONE
NAME OF CURRENT EMPLOYER _____	PHONE # _____
SOCIAL SECURITY # _____	DATE OF DELINQUENCY (MONTH & YEAR) _____

COMMENTS: _____
