



Recovery Solutions

# VLV-Vantage Point

## ACCOUNT PLACEMENT FORM

*\* Please Complete All Sections Applicable To This Account. Incomplete Forms Will Delay Processing.*

CLIENT NAME:			
REFERRAL TYPE:	FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> OTHER: <input type="checkbox"/>	REPO <input type="checkbox"/>	DEFICIENCY BALANCE <input type="checkbox"/>
ACCOUNT TYPE:			
SOCIAL SECURITY #:			
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
HOME TELEPHONE:	( )	WORK TELEPHONE:	( )
EMPLOYMENT:			

BORROWER ACCOUNT #:			
PRINCIPLE:	\$		
INTEREST RATE:	% (ANNUAL % RATE ONLY)	INTEREST AMOUNT:	\$
LAST DATE INTEREST CALCULATED:			
COLLECTION COSTS:	\$	LAST PAYMENT DATE:	
MISC CHARGES:			
CO-MAKER:			
SOCIAL SECURITY #:			
ADDRESS:			
CITY:	STATE:	ZIP:	
HOME TELEPHONE:	( )	WORK TELEPHONE:	( )

REFERENCE:	RELATIONSHIP:	
ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE:	( )	WORK TELEPHONE:
	( )	( )