



Oxford Capital Recovery

PLACEMENT FORM Debtor Information

Debtor Name: _____ Phone#: _____

Address: _____ Fax#: _____

City: _____ State: _____ Zip Code: _____

Contact #1: _____ Title: _____

Contact #2: _____ Title: _____

Total Invoice Amounts: \$ _____

Other: _____ (explain below)

Total Referred Amount to Collect: \$ _____

Date and amount of last payment received from customer: _____

Reason for non-payment: _____

What product was sold or service provided: _____

Bank Name: _____ Account #: _____

Other: _____

Invoice Details:

Invoice #: _____ Date: _____ Amount: _____

Invoice #: _____ Date: _____ Amount: _____

Invoice #: _____ Date: _____ Amount: _____

Invoice #: _____ Date: _____ Amount: _____

UPON SUBMISSION OF THIS DOCUMENT, CLIENT AUTHORIZES OXFORD CAPITAL RECOVERY, LLC TO INITIATE COLLECTION ACTIVITY ON THE ABOVE LISTED ACCOUNTS FOR A PERIOD OF NO LESS THAN 120 DAYS. AFTER 120 DAYS, IF THERE ARE NO PAYMENTS IN PROCESS OR EMANATE, CLIENT MAY CANCEL INVOLVEMENT WITH OXFORD CAPITAL RECOVERY, LLC AT ANY TIME WITH WRITTEN NOTICE.

Client Company Name: _____ Phone#: _____

Address: _____ Email: _____

Signature: _____ Print Name: _____ Date: _____

Client Number: _____ Rate: _____ Sales #: _____

Oxford Capital Recovery Use Only:

*Please fax completed form to OCR
Thank you!*

PHONE: 1-888-625-0045

FAX: 1-866-202-1743

WWW.OXFORDCAPITALRECOVERY.COM