

WESTERN CAPITAL

COMMERCIAL / RETAIL PLACEMENT FORM

CLIENT INFORMATION

Name: _____

Contact: _____

Phone: _____ Fax: _____

DEBTOR INFORMATION

Debtor: _____ SSN#: _____

Spouse: _____ SSN#: _____

Address: _____

Home Phone #: _____ Work #: _____ Fax #: _____

Debtor's Employer: _____

Employers Address: _____ Phone #: _____

Spouse's Employer: _____

Employers Address: _____ Phone #: _____

CDL#: _____ Spouse CDL#: _____

DOB: _____ Spouse DOB: _____

Business Entity: Proprietorship Partnership Corporation

If Proprietorship, doing business as: _____

If Partnership, name of partner(s): _____

If Corporation, name of all known shareholder(s) and officer(s): _____

Any Personal Guarantor: No Yes

if **Yes** name of Guarantor: _____ (please attach copy of Guaranty)

Bank: _____ Account Number: _____

Type of Account: Savings Checking Other

DEBT INFORMATION

Amount Owed: \$ _____ Accrued Interest: \$ _____

Interest Rate (other than legal rate of 10%): _____ Total Owed: \$ _____

Date customer attempted to cancel the contract: _____

Was the customer delinquent at the time of the attempted cancellation? No Yes

Description of Claim: Promissory Note Check Credit Card Other

Reason given for non-payment: _____

Date of last payment: _____

Charge off date / loss date: _____

Client account number or reference number: _____

Conditions, if any, under which you are willing to continue to do business with the customer?

PLACE ACCOUNT NOW! FAX BACK TO 1-800-865-4197