



Account Assignment Form

Client

Company Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Contact: _____

Phone: _____

Date of Sale: _____

Date of Assignment: _____

Account Receivable Information

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Contact: _____

Phone: _____

Customer Account Number: _____

Principal Balance: _____

Additional Liable Party / Agency

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Contact: _____

Phone: _____

I wish to attempt to keep this customer

Use all necessary action to recover this account

Fees

In addition to achieving superior results for our clients, Global strives to maintain a competitive fee structure in line with prevailing industry standards and trends. Global operates on a contingency fee basis, whereby if we do not achieve results for our clients, we charge no fee. Fees on collected accounts may vary depending on several factors, including the type of account assigned, the age of the account, whether or not the account must be litigated, and the volume of accounts placed. Please submit your account information now and one of Global's trained representatives will contact you shortly and give you our most competitive rate for your specific situation.

TO ASSIST YOU IN THE HANDLING OF THIS CLAIM WE ARE ATTACHING:

- Credit Application Contract(s) Invoices Statements
- Correspondence Ad Copy Credit Reports Personal Guarantee

Our System Guarantees Results! Fax: 1-888-999-7671

Office Use Only: Account Executive _____

ASSIGNED FOR COLLECTION BY:

Name: _____ Signed: _____

Title: _____ Date: _____