



PO Box 48439  
Minneapolis, MN 55448-0439  
Office: 888-659-8096  
Fax: 888-660-8824

### Account Placement Form

**Debtor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **WebPage:** \_\_\_\_\_

**Owner/President:** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Last Invoice Date:** \_\_\_\_\_ **Last Payment Date:** \_\_\_\_\_

If available, please attach the following:

1. Credit Application
2. Statement of Account
3. Invoice Copies
4. Call Notes

**\*Premier Investigative Report Authorization:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Bank Reference:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Trade References:**

1) \_\_\_\_\_ **Phone:** \_\_\_\_\_

2) \_\_\_\_\_ **Phone:** \_\_\_\_\_

3) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Brief Account History:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Creditor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\*Premier Investigative Report provides a personal visit to the debtor's location and additional charges apply. Please contact your Representative for further details.