



# YCS Account Placement Form

Your Collection Solution™, LLC  
P.O. Box 25201, Rochester, NY 14625-1330  
(Phone) Toll Free 1-866-497-1006 or 585-385-1046 • (Fax) 585-385-1074

Client Business Name \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

**Debtor Information: Claim(s) must be a minimum of \$100.00**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ SS# or Tax ID#: \_\_\_\_\_ D.O.B. or approx age: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Any known e-mail/Facebook page/Linked In page or web site: \_\_\_\_\_

Relatives or references: \_\_\_\_\_ Driver's License# \_\_\_\_\_

If there is a co-debtor or personal guarantor associated with this claim please fill out a separate form and in the comments section indicate primary debtors name.

**Collection Information: Provide a breakdown of all charges, including fees and damages.**

Date Service Rendered: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Date of last payment: \_\_\_\_\_ Amount of last payment: \_\_\_\_\_

Date of last contact: \_\_\_\_\_ Do you have a copy of debtors check on file? \_\_\_\_\_ If so please attach.

**Comments or things we should know about your claim:**

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

**Please attach a copy of your signed contract, purchase orders, invoice or work order.**

**Collection fees will be added to your claim ONLY if you provide an agreement signed by the debtor stating that they are responsible for collection fees.**

**This form can be faxed along with your supporting documents to (585) 385-1074 or you can place it in the mail or e-mail to jarcuri@yourcollectionsolution.com.**

**Internal Use Only:**

COI \_\_\_\_\_ Coll Fees \_\_\_\_\_ ALQ(If Legal) \_\_\_\_\_ Bal Conf. \_\_\_\_\_