

# 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**

Your Name/Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Date: \_\_\_\_\_

## **Debtor Information:**

Name \_\_\_\_\_ Date of Birth/Approximate Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Information: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax/Other: \_\_\_\_\_

SS# or Tax ID#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Relatives/References: \_\_\_\_\_

E-mail address/Facebook page/Linked In page or web site: \_\_\_\_\_

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 debtor's name.

**Collection Information:** Provide supporting documents for all charges. Attach copies of the bill, invoice, contract, credit application, any relevant file notes, purchase order, invoice or work order(s), intake and financial responsibility forms. Provide a copy of debtor's check if you have one on file.

**NOTE: If you are adding amounts or fees to the principal amount of your claim, you must provide an agreement signed by the debtor stating that they are responsible for such fees. This includes but is not limited to late fees, interest and bounced check fees.**

Date Service Rendered/Judgment Entered: \_\_\_\_\_ Balance Due/Amount of Judgment: \_\_\_\_\_

Date and Amount of last payment: \_\_\_\_\_ Date of Last Contact: \_\_\_\_\_

Is this matter disputed? If so, please provide detail. \_\_\_\_\_

Was this matter ever placed with another agency or attorney? If so, please provide details including name and contact information of attorney: \_\_\_\_\_

Comments or things we should know about your claim: \_\_\_\_\_

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

This form may be (i) faxed along with your supporting documents to (585) 385-1074; (ii) placed in the mail, or (iii) e-mailed to [jan@yourcollectionsolution.com](mailto:jan@yourcollectionsolution.com).

Internal Use Only:

COI: \_\_\_\_\_ Collection Fees: \_\_\_\_\_ ALQ (If Legal): \_\_\_\_\_ Balance Confirmed: \_\_\_\_\_