

Capital Recovery Services  
165 Dundas St. West Suite#900  
Mississauga, Ontario L5B-2N6  
Email: mark@caprecovery.net  
Ph: 905-306-2808  
Fax: 905-362-7100

Claim Placement Form

Attention: Mark Falls

Client/Creditor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Debtors Name/Company Name \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal code/Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Contact Name(s) \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Original Date Of Debt: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Last Date of Invoice \_\_\_\_\_ Interest Rate: \_\_\_\_\_ (annually)

Please Check which of the following documents are attached;

- |  |  |
|--|--|
| <input type="checkbox"/> Contract/Credit Application | <input type="checkbox"/> Statements                  |
| <input type="checkbox"/> Invoices                    | <input type="checkbox"/> Original/Copy of NSF Cheque |
| <input type="checkbox"/> Promissory Note             |  |

Debt details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail or fax the information to 905-362-7100