

MANNA & ASSOCIATES LLC

PO Box 1117

Kearny, NJ 07032

Phone 201-991-7111 Fax 201-991-7116

REQUEST FOR COLLECTION

CLAIM BEING SUBMITTED BY _____
COMPANY NAME DATE

CONTACT NAME AND TITLE PHONE FAX

ADDRESS

DEBTOR INFORMATION

COMPANY NAME _____

FULL ADDRESS _____

TELEPHONE # ALT # FAX#

DO YOU HAVE A SIGNED AGREEMENT FROM THE ABOVE NAMED DEBTOR YES NO

IF YES, PLEASE ATTACH YOUR CONTRACT WITH THE DEBTORS SIGNATURE IN ORDER FOR MANNA & ASSOCIATES LLC TO ATTEMPT TO COLLECT INTEREST, SERVICE CHARGES OR COLLECTION FEES. YOU MUST SEND YOUR AGREEMENT SIGNED BY DEBTOR.

PRINCIPALS OF DEBTORS COMPANY PERSONAL GUARANTEE

- 1) YES NO
2) YES NO

IF YOU HAVE A SIGNED PERSONAL GUARANTEE, PLEASE SEND US A COPY.

DO YOU HAVE ANY ADDITIONAL SECURITY? YES NO IF YES, PLEASE LIST

AMOUNT OWED ***** (ATTACH STATEMENT AND ALL INVOICES) *****

WHAT KIND OF MATERIAL WAS SUPPLIED? _____

WHAT KIND OF WORK WAS PERFORMED? _____

ANY ADDITIONAL INFORMATION THAT CAN BE HELPFUL TO RECOVER THIS DEBT

I AGREE TO ALLOW MANNA & ASSOCIATES LLC TO COLLECT THIS AMOUNT UNDER THE TERMS, RATES AND CONDITIONS OUTLINED AT WWW.LIENSANDCOLLECTIONS.COM. I AGREE TO NOTIFY MANNA & ASSOCIATES LLC OF ANY PAYMENTS RECEIVED ON THIS ACCOUNT.

Signature Print Name Title Date