



P.O. Box 1117, Kearny, NJ 07032

Office: 201-991-7111

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REQUEST FOR COLLECTION

CLAIMANT INFORMATION:

YOUR COMPANY NAME: _____
CONTACT NAME: _____ TITLE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____ EMAIL: _____

DEBTOR INFORMATION:

COMPANY NAME: _____
CONTACT NAME: _____ TITLE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____ EMAIL: _____

DO YOU HAVE A SIGNED AGREEMENT WITH 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 THE DEBTOR.

PRINCIPALS OF DEBTORS COMPANY

1) _____
2) _____

PERSONAL GUARANTEE

YES NO
 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, the person named above, am authorized to order this service on behalf of the above named claimant. I agree to allow Manna & Associates, LLC to collect this amount under the terms, rates and conditions as outlined at www.LiensAndCollections.com. I further agree that I will not deposit any payments made directly to me by the debtor without the approval of Manna & Associates, LLC. In addition, once I send this collection to Manna & Associates, LLC, I agree not have contact with the debtor. If I am contacted by the debtor, I will refer him to Manna & Associates, LLC.

Print Name

Authorized Signature

Title

Date