

**COLLECTION ASSIGNMENT FORM**      *COMMERCIAL & CONSUMER*

All claims are strictly contingent upon collection. Please attach an invoice for each account. By utilizing our services you and A.I.T. agree to the terms and conditions contained within the A.I.T. Agreement/Contract. Additional information provided with claim(s) will accelerate collection efforts.

**Client Information**

Client Name	Contact	Date	
Address	City	State	Zip
Tel. #	Fax #	email	

**Please complete fully and or attach a detailed statement & additional information**

**Debtor Information**

Name	(ID)#	\$ Balance Due	
Address	City	State	Zip
Tel.#s ( )	Fax# ( )	Cell# ( )	email/web
Date of last service (sale) provided / /	Contact Person		
Comments			

**Debtor Information**

Name	(ID)#	\$ Balance Due	
Address	City	State	Zip
Tel.#s ( )	Fax# ( )	Cell# ( )	email/web
Date of last service (sale) provided / /	Contact Person		
Comments			

**A.I.T. CREDIT SERVICES INC. TEL (516)371-6369 Fax(516)371-6367**

**PLEASE ATTACH YOUR INVOICE FOR EACH ACCOUNT**

**Request or download additional copies of this form as necessary or photocopy.**

**Debtor Information**

Name (ID)# \$ Balance Due

Address City State Zip

Tel.#s ( ) Fax# ( ) Cell# ( ) email/web

Date of last service (sale) provided / / Contact Person

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**WE CAN TRANSFER YOUR DATA ELECTRONICALLY IF MADE AVAILABLE. PLEASE INQUIRE.**