



DCC Assignment Form

****Make several Photo Copies of this form for future use****

****Please attach copies of Credit Application, Welcome Forms, Contracts, Invoices, Statements or Checks****
Tel (888) 860-2950 - FAX (310) 861-1818 - Email - PBishop@DirectCreditControl.com

Your Company Name: _____

Your Address: _____

City, State Zip: _____

Tel: _____ Fax _____

E-Mail Address: _____

Contact Person: _____ Date : _____

**Please provide as much information as possible and attach
PROOF OF THE DEBT (Signed Agreements, Applications, Statements/Invoices)**

Debt Information:

Responsible Party # 1 (Main Debtor / Tenant / Patient / NSF Check Writer) or Company that owes the money

Name 1: _____ SS# _____ DOB _____

Last Address: _____

City, State, Zip: _____

Last Phone: _____ Cel: _____ Fax: _____

Amount Due: _____ Last Payment: _____ Last Service: _____ Acct# _____

Last Employment: _____ Address: _____

City State Zip: _____ Phone: _____ Fax: _____

More Info: _____

CIRCLE if: Debtor #2 or if Contact Person - CIRCLE if: (Parent, Spouse, Company Owner, Co-Signer etc)

Name 2: _____ SS# _____ DOB _____

Address 2: _____

More Info: _____

- 1) Review and Sign the Collection Agreement and return with the first batch of accounts
- 2) Make several photocopies of the "Assignment Form" - keep on file for future use
- 3) If necessary please fill in the "Assignment Form" for each assignment with as much information as possible - please print clearly
- 4) Attach copies of **PROOF OF THE DEBT** (Examples - Last Statement, Invoices, Credit Applications, Patient and Insurance Information (if applicable) Checking or Bank Information, Copies of Judgment (if applicable), Move-Out Statement, Signed Agreements and Applications (if applicable).

YOU MAY FAX ASSIGNMENTS TO (310) 861-1818 or EMail to PBishop@DirectCreditControl.com
***** As a rule - early assignments with plenty of information produces the best results *****