 **WISCONSIN CREDIT ASSOCIATION, INC**

**WCA CONSUMER COLLECTION PLACEMENT FORM**

***ATTN CREDITOR:*** PLEASE COMPLETE THIS PLACEMENT FORM AND ATTACH COPIES OF ALL AVAILABLE DOCUMENTS:

Signed Credit Application, including Terms and Conditions, current or most recent itemized Account Statement, copies of all open Invoices and Credits, Credit Reports, signed Purchase or Work Orders, original NSF checks, and any pertinent correspondence to or from Debtor in support of this debt as well as your comments about this claim.

You will receive a letter confirming receipt of this claim.

***\*\*\*\* THERE SHOULD BE NO COMMUNICATION WITH DEBTOR ONCE CLAIM HAS BEEN PLACED WITH WCA \*\*\*\****

**\* Required Fields (If not complete, cannot be processed)**

**Your Information (CREDITOR)**

**\* Company Name: Click here to enter text.**

**\* Street or Mailing Address: Click here to enter text.**

**\* City, State, Zip: Click here to enter text.**

\* **Company Phone: Click here to enter text. \* Fax Number: Click here to enter text.**

**\* Contact Name & Position: Click here to enter text.**

**\* Contact Direct Phone/Extension: Click here to enter text. \* Contact E-Mail: Click here to enter text.**

**BCMA Member Number** (Optional)**:**  **Click here to enter text.**

**Subject Information (DEBTOR)**

**\*** **Debtor Name: Click here to enter text.**

**\* Street or Mailing Address: Click here to enter text.**

**\* City, State, Zip: Click here to enter text.**

\* **Debtor Primary Phone: Click here to enter text. \*** **Debtor Secondary Phone: Click here to enter text.**

**\* Debtor E-Mail: Click here to enter text.**

**\*Amount of Claim: $ Click here to enter text.**

**I hereby authorize Wisconsin Credit Association to begin immediate collection of this claim.**

**Authorized Company Representative & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Please send this form, with all available supporting documentation to:****Recovery Specialist****WCA Commercial Recovery Services****PO Box 510157, New Berlin WI 53151-0157****E-Mail: collection@wcacredit.org****Office: 888.546.2880** |

*Revised Jan 2017*