

WIGGINS

ADJUSTMENTS LTD.

Return by fax to: 866-710-5119

***Unless requested otherwise, all files will be reported to the credit bureau in 60 days of listing.**

ACCOUNT PLACEMENT FORM

Client Name: _____ **Contact Name:** _____
Client Phone: _____ **Client Fax:** _____
Client Number: _____

DEBTOR INFORMATION

Debtor's Full Name:	Contact (If debtor is a company):
Address:	Name of Employer:
City:	Work Phone:
Province:	Home Phone:
Postal Code:	SIN and/or DOB: Male or Female (Circle One)
Date of Invoice:	Interest Rate:
Date of Last Payment:	Total Amount:
Additional Information (bank information, land description, details):	

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***Please note that all commission rates apply once account has been submitted into our office.**