

GOLD STAR RECOVERY
95 Broadway, Hicksville, NY 11801
PH#: 1-800-398-9650
Fax#: 516-933-6293

GOLD STAR MEMBERS- MEMBERSHIP RATE IS 10% FEE ON EVERY RECOVERED PHASE-1 PLACEMENT - NO COLLECTION- NO FEE

COMMERCIAL & INDUSTRIAL CLAIMS

For Immediate Collection Only

NO COLLECTION NO FEE

Claim Placement Form

Date: _____ Amt
Delinquent: _____

Name of Debtor: _____

Proof of Debt Enclosures:

(If business, attention of:) _____

Copies of:

Debtor Address: _____

___ Statement ___ Delivery Receipts
___ Invoices ___ Credit Report
___ Returned Checks ___ Correspondence
___ Other

City: _____ State: _____ Zip: _____

Dispute (if a dispute exists, please furnish details here)

Debtor's Tel: Number: () _____

Debtor's Principal Officer: _____

Debtor's Bank: _____

Checks Returned: ___ Yes ___ No

Please proceed with Immediate Collection of the above subject to your rate schedule. We shall report promptly all payments and communications received from debtor.

Collections department-Serving Credit Grantors For Over 30 Years

Your Name as Creditor _____

Mail To:

Address _____

City _____ State _____ Zip _____

Person To Contact _____

Phone () _____

Signature _____

Gold Star Recovery
95 Broadway
Hicksville, New York 11801

Tel: (800) 398-9650
Fax: (516) 933-6293

E-Mail: INFO@GOLDSTARRECOVERY.COM

Print Name & Title of Person Signing _____

Note: Please submit one "Claim Placement Form" for each debt you wish us to attempt to collect. When submitting multiple claims in one envelope, your name, address and phone number need only appear on one "Claim Placement Form." On the remaining forms, all you need do is fill in your name and Debtor information.

Please send _____ (#) additional "Claim Placement Forms or you may photocopy this form for immediate use.