



ADMINISTERED BY THE NATIONAL ASSOCIATION OF CREDIT MANAGEMENT - OKLAHOMA DIVISION

P.O. Box 60626  
Oklahoma City, OK 73146-3146  
(405) 235-1341 • (800) 593-0907  
Fax: (405) 232-5567  
<http://www.nacmservices.com>

### CURE™ PLACEMENT FORM

FAX (405) 232-5567

**Please Check:**

First Time Client

Please contact me

Date: \_\_\_\_\_

*If you are not ready to place an account for collection, but want the effect of a third party without the threat of losing the customer, use this form. Or visit our website and forward the account Online.*

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Member #: \_\_\_\_\_ or Non-Member

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Brief history of the account including any disputes:  
(Attach information if more space is needed)

\_\_\_\_\_

List a summary of documents to support the claim and attach with the CURE™ Placement Form.  
(Statements, invoices, NSF check, etc.)

\_\_\_\_\_

#### Our Customer's Information:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax No: \_\_\_\_\_

Principal: \_\_\_\_\_

Amount to Collect: \$ \_\_\_\_\_

#### Type of Organization:

- Proprietorship       Corporation
- Partnership         LLC

#### Method of Payment:

- Please Bill me \$22 per account**  
Open account billing for NACM members only. All others please pay in advance by Check, Fax or Credit Card.
- Paying with Check by Fax**  
Complete form and fax along with a copy of the check made payable to CURE™. Payment will be deducted by your bank and a copy of your check will be in your next bank statement.  
**FAX: (405) 232-5567**
- Paying by Credit Card**
- VISA       Mastercard

Name on Credit Card _____	Expires: Month _____ Year _____
Billing Address _____	Authorized Amount \$ _____
City/State _____	Signature _____
Zip _____ Country _____	