



**SGA**  
Collections, Inc.

COMMERCIAL DEBT RECOVERIES

Since 1964

**CLAIM INFORMATION**

**CLIENT REF:** \_\_\_\_\_

Creditor/Exporter: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Country Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Send a copy of Claim Reports to: \_\_\_\_\_

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**DEBTOR INFORMATION**

Debtor: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Country Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**TOTAL OUTSTANDING:** \_\_\_\_\_ (USD / EUROS/ CAD, ETC.)

Debtor's Bank Information: \_\_\_\_\_  
\_\_\_\_\_

The above account is submitted for the purpose of collection. SGA Collections, Inc. is authorized to proceed on behalf of the above-referenced creditor. We hereby place the above account with SGA Collections, Inc. for recovery, and agree to the terms and conditions according to the fee arrangement.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

LICENSED # COM9900190

BONDED # 71032078

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