

COLLECTION ACCOUNT ASSIGNMENT
(Commercial Accounts Only)

Client Name:

Point of Contact:

Street/P.O. Box:

City/State/Zip:

Telephone:

Fax:

Email:

Claim Amount:

Debtor MC#:

Debtor Name:

Point of Contact:

Street/P.O. Box:

City/State/Zip:

Telephone:

Fax:

Zip:

1. Debtor is a:

<input type="checkbox"/> Shipper	<input type="checkbox"/> Freight Forwarder
<input type="checkbox"/> Carrier	<input type="checkbox"/> Shipper's Agent
<input type="checkbox"/> Broker	<input type="checkbox"/> Other Intermediary
<input type="checkbox"/> Consignee	

2. Debtor:

<input type="checkbox"/> is still in operation
<input type="checkbox"/> has ceased operations
<input type="checkbox"/> is in bankruptcy

3. Debt results from:

<input type="checkbox"/> common carrier service	<input type="checkbox"/> contract carrier service
<input type="checkbox"/> dispute	<input type="checkbox"/> exempt transportation

4. Notes:

Client Signature: _____

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