



CLAIM INSERTION FORM

SZABO CUSTOMER INFORMATION

NAME: _____ CITY: _____ STATE: _____

DEBTOR INFORMATION

___ AGENCY ___ HOUSE AGENCY ___ DIRECT ACCOUNT

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX # _____

CONTACT: _____ CONTACT: _____

TITLE: _____ TITLE: _____

(IF PLACED THROUGH AN AGENCY)

ADVERTISER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PRODUCT: _____

CONTACT: _____ CONTACT: _____

ADDITIONAL INFORMATION: _____

INVOICE DATES

NEW OWED

_____	\$	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
TOTAL	\$	_____

CLAIMS MAY BE PHONED/FAXED/EMAILED IN AND COLLECTION BEGUN IMMEDIATELY.
 PLEASE ADVISE US OF PAYMENTS ON THE DAY RECEIVED – BY PHONE COLLECT.
NOTE: Usually we do not need contracts, invoices, and correspondence unless there is a dispute.

DATE: _____ CUSTOMER CONTACT: _____