

Transworld Systems, Inc.
Commercial Services Division

9525 Sweet Valley Dr
 Valley View OH 44125

Claim Placement Form
 FOR IMMEDIATE ACTION CALL TOLL FREE

Sales Name _____

Phone: 800-382-7459

Fax: 866-452-5453

e-mail address commercial.cs@corp.transworldsystems.com

Debtor Name		Amount	
Address		Tele #	
City/State/Zip		Date of Sale	
Type of Business	Individual Responsible	Date of Last Pmt	
Facts		Customer #	
Client Ref.#			

Debtor Name		Amount	
Address		Tele #	
City/State/Zip		Date of Sale	
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Facts		Customer #	
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Debtor Name		Amount	
Address		Tele #	
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Client Ref.#			

Company Name _____ Date _____

Address _____

Authorized By _____ Zip Code _____

Account Number _____ Telephone # _____

We refer the above account to you for collection and you are authorized to proceed at once to collect the amount.
 Commission will be charged on the accounts collected, or settled by merchandise returns.