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STANISLAUS COUNTY Corporate Office 800-399-2400 • 209-526-1700

SAN ANDREAS P. O. Box 1569 • San Andreas, CA 95249
 209-754-3585 • Fax 209-754-3241



www.creditbureauinfo.com

**ASSIGNMENT FOR COLLECTION
 C B MERCHANT SERVICES**



The undersigned assigns to C B Merchant Services for collection the following account(s) pursuant to terms and conditions on the reverse side of this contract. The reverse side of this contract contains important information concerning your rights and obligations under this contract. You acknowledge that you have read both sides of this contract before signing.

COMPANY NAME _____

Address _____

Authorized Signature _____ Date _____

Phone _____ Email Address _____

Assigned Accounts:

Last	First	Middle	Birthdate	Soc. Sec #	Phone
Address			City	State & Zip	Other Address
					<input type="checkbox"/> Consumer <input type="checkbox"/> Commercial
Last Employer	City / Phone #		Spouse Employer	City / Phone #	
Principal Balance \$			Interest	Interest Rate / Late Charges	
Date Last Payment	Date Last Charged	If mail returned check here <input type="checkbox"/>		If Previously Assigned to This or Any Other Collection Agency, Check Here <input type="checkbox"/>	
Miscellaneous Information (Home, Address, Phone # of Friends / Relatives, Drivers License #, Insurance Info, etc.)			Spouse	Spouse Soc. Sec. #	

Last	First	Middle	Birthdate	Soc. Sec #	Phone
Address			City	State & Zip	Other Address
					<input type="checkbox"/> Consumer <input type="checkbox"/> Commercial
Last Employer	City / Phone #		Spouse Employer	City / Phone #	
Principal Balance \$			Interest	Interest Rate / Late Charges	
Date Last Payment	Date Last Charged	If mail returned check here <input type="checkbox"/>		If Previously Assigned to This or Any Other Collection Agency, Check Here <input type="checkbox"/>	
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