



**Kennedy, Hayes & Katz, LLC**  
4029 Pennsylvania Ave Dubuque, IA 52002  
Phone 563-513-9109 Fax 800-783-1693 placement@1KHK.com

## Commercial Business Placement Form

Use this form if your customer is a business / corporation and has a debt owed to your company

### CLIENT INFORMATION:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Office Contact Person

\_\_\_\_\_  
Main Office Phone Number

\_\_\_\_\_  
Extension

### CUSTOMER/ BUSINESS INFORMATION:

\_\_\_\_\_  
Business / Corporate Name

\_\_\_\_\_  
Owners / Officers Name

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Direct E-Mail Address for Owner / Officer

\_\_\_\_\_  
Direct Phone or Cell Number for Owner / Officer

\_\_\_\_\_  
Company Contact ( If different from Above )

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Direct E-Mail Address for Company Contact

\_\_\_\_\_  
Direct Phone or Cell Number for Company Contact

\_\_\_\_\_  
Main Office Number

\_\_\_\_\_  
Company Cell Number

\_\_\_\_\_  
Company Fax Number

\_\_\_\_\_  
Main Business Address ( Avoid P.O. Boxes )

\_\_\_\_\_  
Suite Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\$

\_\_\_\_\_  
Balance Owed

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Describe Type of Debt Owed – Goods or Services

\_\_\_\_\_  
Last Purchase or Last Date of Service

\_\_\_\_\_  
Last Payment Date

\_\_\_\_\_  
Unpaid Invoice Numbers

### Additional Information

By Submitting this form, I agree to the terms. I have read and agree to the terms and conditions listed in the Mutual Services Agreement for my company. I verify that I am over 18 years old, and that I am authorized by my company to agree to these terms. I understand that there are no collection fees until the account is collected. The fee will be 30% of what was collected.

**FAX FORMS TO:**  
**800-783-1693**

**E-MAIL FORMS TO:**  
placement@1KHK.com

**MAIL FORMS TO:**  
KHK Placements  
P.O. BOX 3253  
Dubuque, IA 52004