



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

**Consumer / Individual Placement Form**

Use this form if your customer is an individual customer and has a debt owed to your company

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_

Client Contact: \_\_\_\_\_ Client Phone: \_\_\_\_\_

**CUSTOMER / DEBTOR INFORMATION**

Customer / Debtor Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Home Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Emergency Contact / Relative: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_ Account / Reference Number: \_\_\_\_\_

Last Service Date: \_\_\_\_\_ Last Payment Date: \_\_\_\_\_

Type of Debt Owed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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

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

**MAIL FORM TO:**  
KHK Placements  
P.O. Box 3253  
Dubuque, IA 52004