



International Recovery Group

PO Box 23892
Portland, OR 97223

Claim Placement Form
FOR IMMEDIATE ACTION CALL TOLL FREE
(800) 277-2IRG (2474)

Phone (800) 277-2IRG
(800) 277-2474
Fax (503) 296-2169

Debtor Name	
Address	
City/State/Zip	
Type of Business	Individual Responsible
Facts	

Amount
Tele #
Date of Sale
Date of Last Pmt
Invoice #

Debtor Name	
Address	
City/State/Zip	
Type of Business	Individual Responsible
Facts	

Amount
Tele #
Date of Sale
Date of Last Pmt
Invoice #

Debtor Name	
Address	
City/State/Zip	
Type of Business	Individual Responsible
Facts	

Amount
Tele #
Date of Sale
Date of Last Pmt
Invoice #

Company Name _____
 Address _____
 Authorized By _____
 E-Mail _____
 Account Number _____

Date _____
 City/State _____
 Zip Code _____
 Web Site _____
 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 accounts collected, paid direct, or settled by return of merchandise

If emailing, please send to sales@irgus.com