

Serving The Tri-Cities Since 1958

**WASHINGTON COLLECTORS TRI-CITIES, INC.**

510 N. 20<sup>th</sup>, Suite D • P.O. Box 742 • Pasco, WA 99301

Phone (509) 547-9711 • Fax (509) 547-0681



**WASHINGTON  
COLLECTORS  
TRI-CITIES, INC.**

**ASSIGNMENT OF ACCOUNTS:** For valuable consideration and for the purpose of collection, settlement, suit, whichever is deemed advisable by the Assignee, I/we hereby sell and/or assign to Washington Collectors Tri-Cities, Inc., all rights, title and interest in the accounts listed below for the purpose of collection. The Assignor hereby agrees to indemnify and hold Assignee harmless from any action, claim or counter-claim arising from any of the accounts hereby assigned. This indemnity shall include any costs and attorney's fees incurred in defense of said claims or in proving said indemnification.

**The accounts listed below are submitted for collection at the usual rate.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Authorized by \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_ Res.#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Res.# \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Account #: \_\_\_\_\_ Mail Returned ? \_\_\_\_\_

Last Charge Date: \_\_\_\_\_ Last Pay Date : \_\_\_\_\_ Amount Due: \_\_\_\_\_

Remarks: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_ Res.#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Res.# \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Account #: \_\_\_\_\_ Mail Returned ? \_\_\_\_\_

Last Charge Date: \_\_\_\_\_ Last Pay Date : \_\_\_\_\_ Amount Due: \_\_\_\_\_

Remarks: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_ Res.#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
-----  
Spouse: \_\_\_\_\_ Address: \_\_\_\_\_  
Res.# \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Account #: \_\_\_\_\_ Mail Returned ? \_\_\_\_\_  
Last Charge Date: \_\_\_\_\_ Last Pay Date : \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_ Res.#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
-----  
Spouse: \_\_\_\_\_ Address: \_\_\_\_\_  
Res.# \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Account #: \_\_\_\_\_ Mail Returned ? \_\_\_\_\_  
Last Charge Date: \_\_\_\_\_ Last Pay Date : \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_ Res.#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
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Spouse: \_\_\_\_\_ Address: \_\_\_\_\_  
Res.# \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Account #: \_\_\_\_\_ Mail Returned ? \_\_\_\_\_  
Last Charge Date: \_\_\_\_\_ Last Pay Date : \_\_\_\_\_ Amount Due: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

**No Collection – No Charge**