

ASSIGNMENT FORM

The below named insurance company does hereby assign to
Johnson & Rountree the following invoice for recovery:

ASSIGNMENT DATE: _____ CLIENT CODE: _____

YOUR NAME: _____ COMPANY: _____

DEBTOR _____ CONTACT _____

ADDRESS: _____ CITY _____

STATE: _____ ZIP _____ PHONE(S) _____

CUSTOMER # _____ AMOUNT OWED \$ _____

1ST INVOICE DATE _____

SPECIAL INSTRUCTIONS:

PLEASE CHECK ONE:

_____ FIRST PLACEMENT

_____ SECOND PLACEMENT

TYPE OF FILE:

_____ INVOICE

_____ OTHER

PLEASE FAX OR MAIL TO:

JOHNSON & ROUNTREE

P.O. BOX 2625

DEL MAR, CA 92014

(800)578-3300

FAX (800)815-7445

**ONLINE ASSIGNMENT
FORM AVAILABLE AT:**

www.jrprecovery.com