

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

Please call me to discuss our collection problems.

By signing below the creditor represents and warrants that it has provided all required Truth in Lending disclosures to each account holder listed on this form, and obtained all necessary signatures so as to fully comply with the law.

The creditor further agrees to inform the undersigned collection agency upon its receipt of any information which would render the account information contained herein more complete, accurate, or obsolete, including but not limited to , notice of a consumer bankruptcy filing.

Creditors' No. _____ Company/Practice Name _____ Date _____
Address _____ Phone _____
City _____ State _____ Zip _____ Print Name _____
Authorized Signature _____ Title _____

Account Holders No. _____ Account Holder' Full Name _____ Amount _____
Complete Address (include zip code) _____ Interest _____
Phone () _____ S/S No. _____ Delinquency Date _____ Total Due _____
Date Last Charge _____ Date of Birth _____ Date Last Payment _____
Employer _____ Work Phone _____
Spouse Full Name _____ S/S No. _____

Account Holders No. _____ Account Holder' Full Name _____ Amount _____
Complete Address (include zip code) _____ Interest _____
Phone () _____ S/S No. _____ Delinquency Date _____ Total Due _____
Date Last Charge _____ Date of Birth _____ Date Last Payment _____
Employer _____ Work Phone _____
Spouse Full Name _____ S/S No. _____

Account Holders No. _____ Account Holder' Full Name _____ Amount _____
Complete Address (include zip code) _____ Interest _____
Phone () _____ S/S No. _____ Delinquency Date _____ Total Due _____
Date Last Charge _____ Date of Birth _____ Date Last Payment _____
Employer _____ Work Phone _____
Spouse Full Name _____ S/S No. _____

Account Holders No. _____ Account Holder' Full Name _____ Amount _____
Complete Address (include zip code) _____ Interest _____
Phone () _____ S/S No. _____ Delinquency Date _____ Total Due _____
Date Last Charge _____ Date of Birth _____ Date Last Payment _____
Employer _____ Work Phone _____
Spouse Full Name _____ S/S No. _____