

*Your partner
in small business
collections*

Debtor _____
Collector _____
Batch _____

Client Name: _____

COLLECTION FILE INFORMATION:

Name of Debtor:

Last Date of Service:
(finance charge start date)

Type of entity(✓ one):

Personal Company Corporation

Last Known Address:

Owner's Name & Address:

Phone:

Written or Verbal Contract (circle one):

* Provide copy of written contract and final invoice.

DOB:

Debtor's Bank & Address
(include Acct. #)

SSN:

Invoices Outstanding:

Debtor's Employer & Address:

