PAID IN FULL
billing & collection services

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DEBT SUBMITTAL FORM

Please complete this form and provide it to us with each debtor file you forward to us for collection. Do not submit any debtor who has declared bankruptcy since the time the debt was incurred. **It is not necessary to complete any information that is clearly identified on any supporting documentation that you provide to us.**

CLIENT: _____ CONTACT: _____

PRIMARY DEBTOR: _____
(This is the primary person or company responsible for the debt owed to you.)
CONTACT: _____ PHONE: (_____) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ **Is this address valid?** ❒ Yes ❒ No ❒ Unknown
CELL PHONE: (_____) _____ SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____ / _____ / _____
EMPLOYER: _____ WORK PHONE: (_____) _____
BANK: _____ ACCOUNT #: _____

OTHER RESPONSIBLE PARTY: _____
(spouse, cosigner, management company, other responsible party, etc.)
CONTACT: _____ PHONE: (_____) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ **Is this address valid?** ❒ Yes ❒ No ❒ Unknown
CELL PHONE: (_____) _____ SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____ / _____ / _____
EMPLOYER: _____ WORK PHONE: (_____) _____
BANK: _____ ACCOUNT #: _____

DATE DETAIL *(this information must be completed)***:**

_____ **/** _____ **/** _____ **Date of Initial Service / Sale**
_____ **/** _____ **/** _____ **Date of Last Charge By Client**
_____ **/** _____ **/** _____ **Date of Last Debtor Payment**
_____ **/** _____ **/** _____ **Date of Delinquency (DOD)**
(DOD: date debt became delinquent according to your policy)
_____ **/** _____ **/** _____ **Date Debt Submitted To Us**

BALANCE DUE DETAIL *(as of the date you are submitting the debt to us for collection)***:**

$_____ Principal Due
$_____ Interest Due _____ Annual Percent Rate Charged Per Contract **(10% maximum without contract)**
$_____ Fees Due
$_____ Other Amounts Due
$_____ Total Balance Due ❒ **Please mark <u>if</u> the debt is a result of a returned check.**

(Interest in excess of 10% APR and fees, including our contingency fee, as well as other amounts you indicate are owed can only be charged ***if the original agreement between you and the debtor permitted the amounts to be charged.*** *Please provide a copy of the agreement if you wish for us to attempt to collect these incidental amounts.)*

PLEASE PROVIDE <u>COPIES</u> OF THE FOLLOWING *(when applicable)* **/ DO <u>NOT</u> SEND YOUR ORIGINAL FILES:**
❒ copy original agreement between you and the debtor ❒ copy of invoices or statements detailing the services provided or products sold
❒ copy of credit application ❒ debtor correspondence ❒ additional information regarding the debt or debtor that might be helpful to us

COMMENTS:_____
_____
_____
_____