

Collection Bureau of Little Falls, Inc.

Minnesota Association of Collectors • American Collectors Association

Phone (320)632-5757 or 1-800-450-5757

Mailing Address: PO Box 246

Fax: (320) 632-0098

Little Falls, MN 56345-0246

TO SERVE YOU BETTER...

- Please discontinue all collection efforts and invoicing on accounts placed with us.
 - Please accept only payment in full if paid directly to you.
 - Please Promptly Report to us all payments made direct to you.

Important

Thank you for your referral. The accounts listed below and on the reverse side are submitted for collection at the usual contingent fee basis, and for recording in Credit bureau files. Commission on these accounts apply, and shall be paid to the Collection Bureau of Little Falls for all payments made by these debtors through any channel whatsoever. **We appreciate your business.**

Business Name _____

Address _____ Phone _____

Signature _____ Date _____

Account No. _____ Debtor's Full Name _____

Spouse _____ Debtor's SS# _____ Spouse's SS# _____

Address _____ Phone _____ Amount \$ _____

City _____ State _____ Zip _____ Interest \$ _____

Debtor's Employer & Phone _____ Total \$ _____

Spouse's Employer & Phone _____

Date of Last Actual Charge _____ Amount of Last Actual Charge _____ Date of Last Finance Charge _____

Amount of Last Finance Charge _____ Date of Last Payment _____ Amount of Last Payment _____

Date Account First Became Delinquent _____ Mail Returned? ____Yes ____ No Account Disputed? ____ Yes ____ No

Additional Information _____

Account No. _____ Debtor's Full Name _____

Spouse _____ Debtor's SS# _____ Spouse's SS# _____

Address _____ Phone _____ Amount \$ _____

City _____ State _____ Zip _____ Interest \$ _____

Debtor's Employer & Phone _____ Total \$ _____

Spouse's Employer & Phone _____

Date of Last Actual Charge _____ Amount of Last Actual Charge _____ Date of Last Finance Charge _____

Amount of Last Finance Charge _____ Date of Last Payment _____ Amount of Last Payment _____

Date Account First Became Delinquent _____ Mail Returned? ____Yes ____ No Account Disputed? ____ Yes ____ No

Additional Information _____

(Use Reverse Side for Additional Listings)

Account No. _____ Debtor's Full Name _____
Spouse _____ Debtor's SS# _____ Spouse's SS# _____
Address _____ Phone _____ Amount \$ _____
City _____ State _____ Zip _____ Interest \$ _____
Debtor's Employer & Phone _____ Total \$ _____
Spouse's Employer & Phone _____
Date of Last Actual Charge _____ Amount of Last Actual Charge _____ Date of Last Finance Charge _____
Amount of Last Finance Charge _____ Date of Last Payment _____ Amount of Last Payment _____
Date Account First Became Delinquent _____ Mail Returned? ____ Yes ____ No Account Disputed? ____ Yes ____ No
Additional Information _____

Account No. _____ Debtor's Full Name _____
Spouse _____ Debtor's SS# _____ Spouse's SS# _____
Address _____ Phone _____ Amount \$ _____
City _____ State _____ Zip _____ Interest \$ _____
Debtor's Employer & Phone _____ Total \$ _____
Spouse's Employer & Phone _____
Date of Last Actual Charge _____ Amount of Last Actual Charge _____ Date of Last Finance Charge _____
Amount of Last Finance Charge _____ Date of Last Payment _____ Amount of Last Payment _____
Date Account First Became Delinquent _____ Mail Returned? ____ Yes ____ No Account Disputed? ____ Yes ____ No
Additional Information _____

Account No. _____ Debtor's Full Name _____
Spouse _____ Debtor's SS# _____ Spouse's SS# _____
Address _____ Phone _____ Amount \$ _____
City _____ State _____ Zip _____ Interest \$ _____
Debtor's Employer & Phone _____ Total \$ _____
Spouse's Employer & Phone _____
Date of Last Actual Charge _____ Amount of Last Actual Charge _____ Date of Last Finance Charge _____
Amount of Last Finance Charge _____ Date of Last Payment _____ Amount of Last Payment _____
Date Account First Became Delinquent _____ Mail Returned? ____ Yes ____ No Account Disputed? ____ Yes ____ No
Additional Information _____
