



CREDIT COLLECTIONS BUREAU

Strategic *Mission Amicable Recovery Techniques*

www.ccbinet.com

CONSUMER'S INFORMATION

CONSUMER NAME*		HOME PHONE
		CELL PHONE
ADDRESS*	EMAIL	SOCIAL SECURITY NUMBER
CITY*	STATE*	ZIP*
		AGE OR DATE OF BIRTH
EMPLOYER		EMPLOYER'S PHONE

SPOUSE'S INFORMATION

CONSUMER'S SPOUSE	SPOUSE PHONE	SOCIAL SECURITY NUMBER
SPOUSE'S EMPLOYER		EMPLOYER'S PHONE

ADDITIONAL INFORMATION OR SPECIAL INSTRUCTIONS

REMARKS - ADDITIONAL INFORMATION SUCH AS REFERENCES, RELATIVES, PATIENT OR IF ACCOUNT IS IN JUDGMENT.

CONSUMER INSURANCE INFORMATION

ACCOUNT INFORMATION

YOUR ACCOUNT NUMBER FOR CONSUMER*	PRINCIPAL BALANCE AT	SINCE DOS/TRANS DATE
	DATE OF SERVICES	PAYMENTS MADE* \$ _____
DATE INTEREST FIGURED TO	\$ _____	CREDITS/ADJUSTMENTS* \$ _____
		ADDITIONAL FEES* \$ _____
DATE OF SERVICE/TRANSACTION DATE*		INTEREST* \$ _____
	CURRENT PLACEMENT AMOUNT*	\$ _____

INFORMATION PERTAINING TO YOUR BUSINESS

SUBMITTED BY (NAME OF YOUR BUSINESS) & CLIENT NUMBER		SEND CORRESPONDENCE TO (PERSON'S NAME)
TELEPHONE NUMBER ()	EMAIL	SIGNATURE X

*Required Information

Email this and any other correspondence to ccbclientservices@ccbinet.com.

This account is assigned to you with full power and authority to perform all acts necessary for the collection and settlement of said account.