



CREDIT COLLECTIONS U.S.A., L.L.C.

16 Distributor Drive, Suite 1
 Morgantown, WV 26501
 (304) 292-3786
 (800) 352-8303
 Fax (304) 296-2910
 ccusa@ccuhome.com

DELINQUENT ACCOUNTS LISTING

Please provide the minimum information (items in **BOLD CAPS**) below to begin our "comprehensive collection activity". This information may be provided in any form convenient to you; i.e., computer printout, ledger card copies, our listing sheets, etc.

CONSUMER _____ **OWES US \$** _____ Phone # _____
LAST KNOWN ADDRESS _____

S.S. # _____ **DATE OF LAST SALES/SERVICE** _____ **DATE OF LAST PAYMENT** _____

Spouse _____ Employer _____
 Other _____ Mail Returned?? Yes No
 Info: _____

CONSUMER _____ **OWES US \$** _____ Phone # _____
LAST KNOWN ADDRESS _____

S.S. # _____ **DATE OF LAST SALES/SERVICE** _____ **DATE OF LAST PAYMENT** _____

Spouse _____ Employer _____
 Other _____ Mail Returned?? Yes No
 Info: _____

CONSUMER _____ **OWES US \$** _____ Phone # _____
LAST KNOWN ADDRESS _____

S.S. # _____ **DATE OF LAST SALES/SERVICE** _____ **DATE OF LAST PAYMENT** _____

Spouse _____ Employer _____
 Other _____ Mail Returned?? Yes No
 Info: _____

CONSUMER _____ **OWES US \$** _____ Phone # _____
LAST KNOWN ADDRESS _____

S.S. # _____ **DATE OF LAST SALES/SERVICE** _____ **DATE OF LAST PAYMENT** _____

Spouse _____ Employer _____
 Other _____ Mail Returned?? Yes No
 Info: _____

Please send REMITTANCE and STATEMENT / INVOICE to:

Client Name _____ Telephone # _____

Client Address _____

Authorized Representative _____

CONSUMER _____ OWES US \$ _____ Phone # _____
LAST KNOWN ADDRESS _____
S.S. # _____ DATE OF LAST SALES/SERVICE _____ DATE OF LAST PAYMENT _____
Spouse _____ Employer _____
Other _____ Mail Returned?? Yes No
Info: _____

CONSUMER _____ OWES US \$ _____ Phone # _____
LAST KNOWN ADDRESS _____
S.S. # _____ DATE OF LAST SALES/SERVICE _____ DATE OF LAST PAYMENT _____
Spouse _____ Employer _____
Other _____ Mail Returned?? Yes No
Info: _____

CONSUMER _____ OWES US \$ _____ Phone # _____
LAST KNOWN ADDRESS _____
S.S. # _____ DATE OF LAST SALES/SERVICE _____ DATE OF LAST PAYMENT _____
Spouse _____ Employer _____
Other _____ Mail Returned?? Yes No
Info: _____

CONSUMER _____ OWES US \$ _____ Phone # _____
LAST KNOWN ADDRESS _____
S.S. # _____ DATE OF LAST SALES/SERVICE _____ DATE OF LAST PAYMENT _____
Spouse _____ Employer _____
Other _____ Mail Returned?? Yes No
Info: _____

CONSUMER _____ OWES US \$ _____ Phone # _____
LAST KNOWN ADDRESS _____
S.S. # _____ DATE OF LAST SALES/SERVICE _____ DATE OF LAST PAYMENT _____
Spouse _____ Employer _____
Other _____ Mail Returned?? Yes No
Info: _____

CONSUMER _____ OWES US \$ _____ Phone # _____
LAST KNOWN ADDRESS _____
S.S. # _____ DATE OF LAST SALES/SERVICE _____ DATE OF LAST PAYMENT _____
Spouse _____ Employer _____
Other _____ Mail Returned?? Yes No
Info: _____
