

DIRECT COLLECTION LISTING SHEET

Consumer Name

Account #

Responsible Party

Spouse

Address

City, State, Zip

Phone #'s

Consumer/Responsible Party:

Home

Cell(s)

Spouse:

Home

Cell(s)

Employment

Consumer/Responsible Party:

Employer

Address

City, State, Zip

Phone

Spouse:

Employer

Address

City, State, Zip

Phone

Social Security #'s

Consumer/Responsible Party

Spouse

Date of Birth

Consumer/Responsible Party

Spouse

Account Standing

Balance Due

Last Payment Date

Last Charge Date

*Please attach invoice, contract or any signed documents

Creditor

Date

