



CREDIT BUREAU SERVICES
www.creditpartners.com

549 North "D" Street
P.O. Box 318
Fremont, NE 68026
(402) 721-2010
1-800-642-9719

122 Norfolk Avenue
P.O. Box 1327
Norfolk, NE 68702
(402) 371-9460
1-800-847-2940

PLEASE PRINT

Debtor Name _____	Date of Delinquency _____
Address _____	Date of Last Payment _____
City _____ State _____ Zip _____	Date of Last Charge _____
Account Number _____	Principal Amount _____
Employment _____	Interest _____
Additional Information _____	Total Amount _____
Home Phone _____ Work Phone _____	Mail Returned Yes ___ No ___
Spouse _____ Spouse's Emp. _____	Disputed Amount Yes ___ No ___
Debtor Social Security # _____ DOB ____/____/____	Written Agreement on File Yes ___ No ___
Spouse Social Security # _____ DOB ____/____/____	Individual _____ Joint _____

Debtor Name _____	Date of Delinquency _____
Address _____	Date of Last Payment _____
City _____ State _____ Zip _____	Date of Last Charge _____
Account Number _____	Principal Amount _____
Employment _____	Interest _____
Additional Information _____	Total Amount _____
Home Phone _____ Work Phone _____	Mail Returned Yes ___ No ___
Spouse _____ Spouse's Emp. _____	Disputed Amount Yes ___ No ___
Debtor Social Security # _____ DOB ____/____/____	Written Agreement on File Yes ___ No ___
Spouse Social Security # _____ DOB ____/____/____	Individual _____ Joint _____

Debtor Name _____	Date of Delinquency _____
Address _____	Date of Last Payment _____
City _____ State _____ Zip _____	Date of Last Charge _____
Account Number _____	Principal Amount _____
Employment _____	Interest _____
Additional Information _____	Total Amount _____
Home Phone _____ Work Phone _____	Mail Returned Yes ___ No ___
Spouse _____ Spouse's Emp. _____	Disputed Amount Yes ___ No ___
Debtor Social Security # _____ DOB ____/____/____	Written Agreement on File Yes ___ No ___
Spouse Social Security # _____ DOB ____/____/____	Individual _____ Joint _____

Placing Accounts for Collection

- **Submit as much detailed information on the consumer as available.**
- **Interest rate higher than 12% or those with additional charges must have a signed contract. Include copy of signed contract.**
- **I authorize these accounts to be listed for collections.**

**Please
Send Our
Check To**

DATE _____ MEMBER # _____
 NAME _____ PHONE _____
 ADDRESS _____
 CITY/STATE _____ ZIP CODE _____
 YOUR SIGNATURE _____

(NAME OF AUTHORIZED REPRESENTATIVE)

PLEASE PRINT

Debtor Name _____	Date of Delinquency _____
Address _____	Date of Last Payment _____
City _____ State _____ Zip _____	Date of Last Charge _____
Account Number _____	Principal Amount _____
Employment _____	Interest _____
Additional Information _____	Total Amount _____
Home Phone _____ Work Phone _____	Mail Returned Yes _____ No _____
Spouse _____ Spouse's Emp. _____	Disputed Amount Yes _____ No _____
Debtor Social Security # _____ DOB ____/____/____	Written Agreement on File Yes _____ No _____
Spouse Social Security # _____ DOB ____/____/____	Individual _____ Joint _____

Debtor Name _____	Date of Delinquency _____
Address _____	Date of Last Payment _____
City _____ State _____ Zip _____	Date of Last Charge _____
Account Number _____	Principal Amount _____
Employment _____	Interest _____
Additional Information _____	Total Amount _____
Home Phone _____ Work Phone _____	Mail Returned Yes _____ No _____
Spouse _____ Spouse's Emp. _____	Disputed Amount Yes _____ No _____
Debtor Social Security # _____ DOB ____/____/____	Written Agreement on File Yes _____ No _____
Spouse Social Security # _____ DOB ____/____/____	Individual _____ Joint _____

Debtor Name _____	Date of Delinquency _____
Address _____	Date of Last Payment _____
City _____ State _____ Zip _____	Date of Last Charge _____
Account Number _____	Principal Amount _____
Employment _____	Interest _____
Additional Information _____	Total Amount _____
Home Phone _____ Work Phone _____	Mail Returned Yes _____ No _____
Spouse _____ Spouse's Emp. _____	Disputed Amount Yes _____ No _____
Debtor Social Security # _____ DOB ____/____/____	Written Agreement on File Yes _____ No _____
Spouse Social Security # _____ DOB ____/____/____	Individual _____ Joint _____

Debtor Name _____	Date of Delinquency _____
Address _____	Date of Last Payment _____
City _____ State _____ Zip _____	Date of Last Charge _____
Account Number _____	Principal Amount _____
Employment _____	Interest _____
Additional Information _____	Total Amount _____
Home Phone _____ Work Phone _____	Mail Returned Yes _____ No _____
Spouse _____ Spouse's Emp. _____	Disputed Amount Yes _____ No _____
Debtor Social Security # _____ DOB ____/____/____	Written Agreement on File Yes _____ No _____
Spouse Social Security # _____ DOB ____/____/____	Individual _____ Joint _____
