

CREDIT BUREAU SERVICES www.creditpartners.com

YOUR SIGNATURE _

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

Check To	CITY/STATE						ZIP CODE	
Send Our	ADDRESS							
Please	NAME							
	DATE					MEMBER #		
	ch detailed inforr igher than 12% o	r those with	addition	nal charg		ave a signed contract. Include	copy of si	gned contract.
Spouse Social Security #		DOB//		/	Individual	Joint _		
Debtor Social Security #							Yes	_ No
Spouse							Yes	_ No
Home Phone		Work Pho	ne			Mail Returned	Yes	No
Additional Information								
Employment								
Account Number								
City								
Address								
Debtor Name						Date of Delinquency		
Spouse Social Securit	ty #		_DOB _	/	/	Individual	Joint _	
Debtor Social Security	y #		_DOB _	/	/	Written Agreement on Flle	Yes	No
Spouse							Yes	No
Home Phone							Yes	No
Additional Information								
Employment								
Account Number								
City								
Address								
Debtor Name						Date of Delinquency		
Spouse Social Securit	ty #		DOB	/	/	Individual	Joint _	
Debtor Social Security	y #		_DOB_	/	/	Written Agreement on Flle	Yes	No
Spouse		_ Spouse's	Emp			_ Disputed Amount	Yes	_ No
Home Phone							Yes	No
Additional Information								
Employment						-		
Account Number								
City						-		
Address						•		
Debtor Name						Date of Delinquency		
PLEASE PRINT								

PLEASE PRINT

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