

## Account Submission Form

\*Creditor (who the debt is owed to): \_\_\_\_\_

\*Creditor Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

\*Creditor Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Creditor Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Debtor Name \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Address (last known) \_\_\_\_\_ Apt/Unit#: \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per Day Week Month Year Paydays: \_\_\_\_\_

Reference/Relative 1

Name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Reference/Relative 2

Name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

### ACCOUNT INFORMATION:

**We do not accept debts that are currently in bankruptcy or have no documentation to support them.**

\*DATE OPENED/INVOICE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*CHECK#/ACCOUNT NUMBER: \_\_\_\_\_

\*DATE OF LAST PAYMENT: \_\_\_\_\_ \*WHY IS THE DEBT OWED: \_\_\_\_\_

\*ORIGINAL PRINCIPAL: \$ \_\_\_\_\_ \*TOTAL PAYMENTS MADE: \$ \_\_\_\_\_

**\*PAYOFF AMOUNT: \$ \_\_\_\_\_**

Additional Comments:

---

We will contact you if additional information is needed. This form must be submitted with each account donated. Only one signed "Account Donation Agreement" is required per contributor.

\* Required