

XPERT Collection Agency, LLC

PO Box 58021, Salt Lake City, UT 84158

Phone (801) 274-0238 Fax (801) 365-9409

Website www.xpertcollections.com

Account Submission Form

We enclose the following account for collection and request the indicated action be taken subject to the Terms and Conditions of XPERT Collection Agency, LLC. Please fill out as much information as possible, if a question is unknown or doesn't apply leave it blank. You will receive confirmation within 48 hours of receipt.

Debtor's Name _____ Debtor's Account # _____

Company _____

Debtor Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Social Security _____ Drivers License _____

Debtor's Place of Employment _____ Phone # _____

Employment Address _____ City _____ State _____ Zip _____

Principal Balance _____ Finance Charges _____ Collection Costs _____

Brief History of Account _____

In order for us to provide the best possible service and when forwarding accounts to an attorney, we request that you include all information available from your file.

Please indicate items sent:

- | | | |
|---|---|--|
| <input type="checkbox"/> Credit Application | <input type="checkbox"/> Contract or Promissory Note | <input type="checkbox"/> Personal Guarantee |
| <input type="checkbox"/> Current Statement | <input type="checkbox"/> Copy of Bad Check Notice Receipt | <input type="checkbox"/> Copy of Correspondence |
| <input type="checkbox"/> Invoices: | <input type="checkbox"/> Bad Check: | <input type="checkbox"/> This amount is disputed |
| <input type="checkbox"/> Copy <input type="checkbox"/> Original | <input type="checkbox"/> Copy <input type="checkbox"/> Original | -Please Explain- |

***** Please do not send statements to this customer from this date forward. If they contact you, please refer them to this office and if payment or arrangement is made, please notify us immediately.**

Date: _____

Creditor _____

Company _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

By: _____
Signature

Print Name: _____ Title: _____

EXTRA FORM ONE

Debtor's Name _____ Debtor's Account # _____

Company _____

Debtor Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Social Security _____ Drivers License _____

Debtor's Place of Employment _____ Phone # _____

Employment Address _____ City _____ State _____ Zip _____

Principal Balance _____ Finance Charges _____ Collection Costs _____

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|---|---|--|
| <input type="checkbox"/> Credit Application | <input type="checkbox"/> Contract or Promissory Note | <input type="checkbox"/> Personal Guarantee |
| <input type="checkbox"/> Current Statement | <input type="checkbox"/> Copy of Bad Check Notice Receipt | <input type="checkbox"/> Copy of Correspondence |
| <input type="checkbox"/> Invoices: | <input type="checkbox"/> Bad Check: | <input type="checkbox"/> This amount is disputed |
| <input type="checkbox"/> Copy <input type="checkbox"/> Original | <input type="checkbox"/> Copy <input type="checkbox"/> Original | -Please Explain- |