

David A. Hays, PLC

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Client Information

Company: _____ Address: _____

Placed By: _____ Ph: _____ Fax: _____

APPROACH

Debtor Info

Date:

NORMAL AUDIT

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone1: _____

Phone2: _____

Fax: _____

Notes:

Last Date of Sale _____

Last Payment _____

Principal Balance	\$ _____
<u>ADD ON</u> Interest or Fees	\$ _____
Total Due	\$ _____

Rate

COM

NON