



# AUTOMOBILE FINANCE CHARGE OFF FORM

2551

PLEASE PRINT CLEARLY

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Please use black ink or a #2 pencil to complete the form. The following will serve as an example:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9

MID Number

Company

Date

Social Security Number

Date of Birth

Month

Day

Year

Last Name

Month

Day

Year

First Name

MI

Street Address (leave one space between each word)

City

State

Zip Code

Last Known Resident Phone

Last Known Employer Phone

Sales Date

Month

Day

Year

Sales Price

Round to nearest dollar

Down Payment

Round to nearest dollar

Length of Agreement

# of Payments

Payment Amount

Payment Frequency

Weekly

Bi-Weekly

Monthly

# of Payments Made

Date of Last Payment

Vehicle (Year/Make/Model) (leave one space between each word or abbreviation)

Deficiency Balance

Repossessed?

Yes

No

Voluntary

Date of Repossession

Month

Day

Year



A First Advantage Company

FAX or MAIL this form to:

Teletrack, Inc.

Suite 600

5550-A Peachtree Pkwy

Norcross, GA 30092

DO NOT include slow paying accounts, only those for which all avenues of collection have been exhausted.

DATA FAX: 678-229-1030

Phone: 770-449-8809

Phone: 800-729-6981

SUBMITTED BY (Signature Required)