



36890

CONSUMER FINANCE CHARGE OFF FORM

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

Date of Loan

Month

Day

Year

Loan Amount

Round to nearest dollar

Payment Amount

Round to nearest dollar

Payment Frequency

Weekly

Bi-Weekly

Monthly

Length of Agreement

of Payments

of Payments Made

Date of Last Payment

Month

Day

Year

Balance Due

Round to nearest dollar



A First Advantage Company

FAX or MAIL this form to:

Teletrack, Inc.
Suite 600
5550-A Peachtree Pkwy
Norcross, GA 30092

SUBMITTED BY (Signature Required)

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