FURNITURE FINANCE CHARGE OFF FORM

19120

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

Month - Day - Year

Social Security Number

Date of Birth

Month - Day - Year

Last Name

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

High Credit

$ Round to nearest dollar

Length of Agreement

# of Payments

Payment Amount

# of Payments Made

Payment Frequency

◯ Weekly ◯ Bi-Weekly ◯ Monthly

Item(s) (leave one space between each word or abbreviation)

Date of Last Payment

Month - Day - Year

Balance Due

$ Round to nearest dollar

SUBMITTED BY (Signature Required)

Teletrack
A First Advantage Company

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

FAX or MAIL this form to:
Teletrack, Inc.
Suite 600
5550-A Peachtree Pkwy
Norcross, GA 30092

DATA FAX: 678-229-1030
Phone: 770-449-8809
Phone: 800-729-6981