



26025

RENTAL PURCHASE 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 Agreement

 - -

Month

Day

Year

Length of Agreement

of Payments

Payment Amount

\$

Round to nearest dollar

Payment Frequency

Weekly

Bi-Weekly

Monthly

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

Total Skip Charge-Off Value

\$

Round to nearest dollar

of Payments Made

Skip/Charge-Off Date

 - -

Month

Day

Year



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