



10397

RECOVERY REPORTING 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

Five digit input box for MID Number

Company

Long text input box for Company

Date

Month - Day - Year input boxes

Month Day Year

Social Security Number

Three digit - two digit - four digit input boxes for Social Security Number

Recovery Date

Month - Day - Year input boxes for Recovery Date

Month Day Year

Means of Recovery

- Picked Up
- Repossessed
- Paid
- Voluntarily Returned
- Legal Action
- Bankruptcy

Last Name

Long text input box for Last Name

First Name

Long text input box for First Name

MI

Single digit input box for MI

Street Address (leave one space between each word)

Long text input box for Street Address

City

Text input box for City

State

Two digit input box for State

Zip Code

Five digit - four digit input boxes for Zip Code

Last Known Resident Phone

Three digit - three digit - four digit input boxes for Resident Phone

Last Known Employer Phone

Three digit - three digit - four digit input boxes for Employer Phone

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

Long text input box for Item(s)

Agreement #

Long text input box for Agreement #

Skip / Charge-Off Value

Dollar sign followed by five digit input box for Skip / Charge-Off Value

Round to nearest dollar



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

Signature line box