

Office Use Only: _____
Client # / Code 1 or 3 / Rate / Breakdown / Desk #

List Account for Collection

_____ date

Institution _____ Authorized by _____

Location _____

Street City State Zip

Phone _____ Fax _____ email _____

Please fully complete the following applicable information.

Responsible Party _____ Spouse _____

Address _____

Street City State Zip

Phone _____ Social Security # _____ Date of Birth _____

Employer _____ Phone _____

Parent(s) Name _____ Phone _____

Address _____

Street City State Zip

Account # _____

Type of Account:

<input type="checkbox"/> Tuition	<input type="checkbox"/> NSL
<input type="checkbox"/> Perkins/NDSL	<input type="checkbox"/> HPL
<input type="checkbox"/> Institutional Loan	<input type="checkbox"/> GSL
<input type="checkbox"/> Other _____	

Original Balance _____	\$ _____
Date Last Paid _____	date _____
Outstanding Balance _____	\$ _____
Penalty _____	\$ _____
Interest _____	\$ _____
Collection Charges _____	\$ _____
Total to Be Collected _____	\$ _____

Co-Signer _____

Address _____

_____ Phone _____

Reference _____ Phone _____

Reference _____ Phone _____