



Account Debt

Date:

Client Name:

Client Address:

City State Zip Code

Client Telephone Number (with area code):

Name of the Account Holder:

Contact Name: DL or SS #:

Contact Telephone Number (with area code):

Contact Address

City State Zip Code

Date Account Opened: Balance Due:

Describe merchandise or service provided:

Attached supporting documentation including signed Agreement between client and Account Holder

Comments:

I certify the above information is true and correct including balance due and authorize Payliance to pursue collection efforts on the Account balance on my behalf.

Signature Date