ORDER #_____ AMT $_____

COLLECTION FORM	POST DATE? YES ◯ _____ NO ◯

USER ID COLLECTOR	DATE TIME LEAD CODE

CUSTOMER NAME	CUST #

ADDRESS	

CITY	STATE ZIP

PHONE #	CELL #

EMAIL ADDRESS

Bounced Check
**Change lead code to BC

ORDER #	Date of Order	Amount $

LESS DISCOUNT OFFERED	

☐ Pay in Full ☐ 2 Pay ☐ 3 Pay	1st pay $_____ on _____ 2nd pay $_____ on _____ 3rd pay $_____ on _____	**Grand Total**

_____
$ Balance on Customer Account

Notes:

Credit Card Information

TYPE : ☐ VISA   ☐ MC   ☐ DISCOVER   ☐ AMEX

CC # _____

EXP____ _____CVV _____ BILLING ZIP_____

VFY BY   DATE   TIME   EXT

☐ Electronic Check Information

Bank Name: _____

Account # : _____

ABA Routing # : _____

City & State:_____