

ADVANTAGE RECEIVABLES MANAGEMENT INC.

P.O. Box 994363

Redding, Ca 96009-4363

(888) 925-4234 Fax: (530) 247-8088

CONSUMER ACCOUNT LISTING FORM

PLEASE PROVIDE COPY OF ITEMIZED STATEMENT OR INVOICES AT TIME OF ASSIGNMENT

| | | |
|---|--|-------------------------------------|
| Last Name: | First Name: | Middle Initial: |
| Date of Birth: | Social Security # | Driver's License # |
| Spouse Last Name: | First Name: | Middle Initial: |
| Date of Birth | Social Security # | Driver's License # |
| Address: | City | State/ Zip Code |
| Home Phone: | Message Phone: | Work Phone: |
| Employer Name: | Employer Address: | Employer Phone: |
| Spouse Employer Name: | Employer Address: | Employer Phone: |
| Bank Reference: | Personal Reference: | Miscellaneous: |
| Principal Balance Due: | Interest Due Rate of Interest | <u>TOTAL DUE</u> |
| Contract: Yes No | Judgment: Yes No | Bad Check (Attach Original) |
| <u>Date of Last Purchase or Charge</u> | <u>Date of Last Finance Charge:</u> | <u>Date of Last Payment:</u> |
| Additional Information: | | |

The account listed above is assigned to Advantage Receivables Management for collection on a contingency fee basis. **The contingency fee is per contract.** It is agreed that any payment received by the original creditor will be reported to Advantage Receivables Management immediately. Advantage will be entitled to their fee for services even if payment is made directly to the creditor.

| | | |
|---------|-----|---------|
| CLIENT | | CONTACT |
| ADDRESS | | |
| EMAIL | FAX | PHONE |

SIGNATURE: _____ DATE: