

ACCOUNT REFERRAL FORM

TO: Creditors Resource Service ("CRS")
1807 West Diehl Road, PO Box 3107
Naperville, IL 60566-7107
630-983-3185 Fax

Loan No: _____

NOTE: Client must complete all information on this form and supply all requested documents. Failure to supply the requisite information will result in the account being returned to supply missing information. Client is responsible for forwarding only those accounts which are legally due and owing Client.

INFORMATION REGARDING ACCOUNT REFERRED TO CRS

BORROWER INFORMATION

Borrower _____

Last Known Address _____

Home Phone _____

Work Phone _____

Current Employer _____

Previous Employer _____

Social Security No. _____

LOAN/ADVANCE INFORMATION

Date of Loan/Advance _____

Original Principal Amount \$ _____

APR _____ %

Date of Last Payment of Credit _____
(including creditor exercise of lien on shares or repo sale)

Principal Balance Due as of Date of Last Payment
\$ _____

Interest Due as of Referral Date \$ _____
(If interest due is left blank, interest will be calculated from
the date of last payment)

Month and Year Loan became Delinquent _____
(If member had earlier delinquency and subsequently
became current, state month and year the latest delinquency
commenced.)

CO-MAKER INFORMATION

Cosigner/Guarantor(s), if applicable _____

Last Known Address _____

Home Phone _____

Work Phone _____

Employer _____

Social Security Number _____

**DOCUMENTS ATTACHED – ALL DOCUMENTS
MUST BE SUBMITTED WITH ALL SIDES
COPIED**

- ف Application for Credit;
- ف Executed Note and Security Agreement (closed-end notes) including signed amendments and authorization for collection agency and attorneys fees;
- ف Original Agreement and Disclosures (open-ended notes) including addendums and loan advance vouchers, and authorizations for Collection Agency and Attorney fees; and
- ف Title to Collateral.

ADDITIONAL COMMENTS

Provide any other information you have which may assist in collecting this loan:

(Client)

By: _____
(Signature of Authorized Person)

Date: _____

Phone No. _____ / _____

NOTE: TO AUTHORIZE A REPOSSESSION ONLY, USE CRS FORM 101