



## Consumer / Retail Account Collection Listing Form

Date: \_\_\_\_\_ From: \_\_\_\_\_ (Client Name)  
Placed by: \_\_\_\_\_  
Name Telephone

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Debtor's last name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SIN# \_\_\_\_\_  
AMOUNT DUE: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Date Debt Incurred: \_\_\_\_\_  
Details of Account: \_\_\_\_\_

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Debtor's last name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SIN# \_\_\_\_\_  
AMOUNT DUE: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Date Debt Incurred: \_\_\_\_\_  
Details of Account: \_\_\_\_\_

Please provide us with as much  
information as possible for each  
account

**PLEASE MAKE COPIES AND KEEP ON FILE FOR FUTURE USE!**

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