

PO Box 1482
Dodge City, KS 67801
620 227 6677
620 227 2074
E-Mail: sbartlett11@cox.net



PO Box 703
Garden City, KS 67846
620 276 6677
620 275 2344
E-Mail: lzelzer@gcnet.com

The accounts listed below are submitted at your usual rate.

By signing below, the creditor represents and warrants that it has provided all required Truth in Lending disclosures to each account holder listed on this form, and obtained all necessary signatures so as to fully comply with the law. The creditor further agrees to inform the undersigned collection agency upon receipt of any information which would render the account information contained herein more complete, accurate, or obsolete, including but not limited to, notice of a consumer bankruptcy filing.

Creditor's No. _____ Company/Practice Name _____ Date _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____ Print Name _____
Authorized Signature _____ Title _____

Account Holder's Full Name _____	Amount \$ _____
Complete Address _____	Interest \$ _____
Phone (____) _____ S/S No. _____ Delinquency Date _____	Total Due \$ _____
Date Last Charge _____ Date Last Payment _____	Must Be Completed By Vendor _____
Employer _____	Work Phone (____) _____
Spouse Full Name _____ S/S No. _____	Employer _____
Additional Information (relatives, references, etc)	

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