

CSC

COLLECTION SERVICE CENTER, INC.

503 MORGANTOWN AVENUE / FAIRMONT, WV 26554

FAX 304-363-6943

304-366-2800

PO Box 2060 2917 Whitehall Blvd.

Please
Send Our
Check To



Name _____ Date _____

Address _____

City, State _____ Zip _____

By _____ Phone No. _____

(Name of authorized representative)

Account # _____ Debtor Name _____

Address _____ Phone # _____

Debtor: Date of Birth _____ Social Security # _____

Employer & Phone # _____

Spouse: Name _____ Social Security # _____

Balance Owing _____ Disputed? _____ Mail Returned? _____

Date of Last Sale or Service _____

Additional Info _____

Account # _____ Debtor Name _____

Address _____ Phone # _____

Debtor: Date of Birth _____ Social Security # _____

Employer & Phone # _____

Spouse: Name _____ Social Security # _____

Balance Owing _____ Disputed? _____ Mail Returned? _____

Date of Last Sale or Service _____

Additional Info _____

Account # _____ Debtor Name _____

Address _____ Phone # _____

Debtor: Date of Birth _____ Social Security # _____

Employer & Phone # _____

Spouse: Name _____ Social Security # _____

Balance Owing _____ Disputed? _____ Mail Returned? _____

Date of Last Sale or Service _____

Additional Info _____

Compliance with the Fair Debt Collection Practices Act, P.L. 95-109, requires all records reflect accurate balance due. Please report payments made to your office, to CSC immediately.

The accounts listed here are submitted for collection at the usual rate and the creditor grantor gives assurance to CSC, that it (or he/she), has complied with the disclosure and other provisions contained in Truth in Lending.

Check here _____ if you would like to have us call and discuss your collection problems.



MEMBER AMERICAN COLLECTORS ASSOCIATION



MEMBER ASSOCIATED CREDIT BUREAUS