American Credit Association
"Your Collection Solution Since 1953"

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FULL NAME AND ADDRESS OF RESPONSIBLE PARTY Please Type or Print Information	LIST ALL PERTINENT INFORMATION POSSIBLE The more complete the information, the quicker the collection

ATTACH IF AVAILABLE A CURRENT DETAILED STATEMENT AND COPY OF CREDIT APPLICATION.

Acct#_____ **Responsible Party** _____ **DOB**___/___/___ **SS#**_____

Patient_____ **DOB** ___/___/___ **Spouse** _____ **SS#**_____

Address_____ **City** _____ **State**_____ **Zip** _____–_____

Phone _____ **Additional Phone**_____ **Relative Phone** _____ **Other Phone** _____

Employer _____ **Address, City, State, Zip** _____ **Phone** _____

Employer 2 _____ **Address, City, State, Zip** _____ **Phone** _____

Mail Return yes_____ **No**_____ **Date of Last Charge** _____ **Date of Last Payment** _____ **BALANCE NOW DUE $**_____

PLEASE LIST ONLY ONE ACCOUNT PER LISTING SHEET FOR HIPAA COMPLIANCE

*ADDITIONAL INFORMATION:

_____

_____

_____

_____

_____

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_____

_____

_____

_____

PLEASE FILL IN INFORMATION BELOW:

CLIENT'S NAME _____

Address_____

City_____ State _____ Zip_____–_____

Phone (_____) _____ Fax (_____)_____

Authorized By: _____

You are hereby authorized to proceed with the collection of these accounts, which we certify to be legally owing and unpaid as stated. Any payment made direct to us, or merchandise accepted by us, will be considered as a direct payment and will be reported to you immediately. All fees due American Credit Association will be paid promptly upon receipt of statement itemizing the amount due.