



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

Acct# _____ Responsible Party _____

Drivers License Number _____ DOB ____/____/____ SS Number _____

Address _____ City _____ State _____ Zip _____ - _____

Phone _____ Additional Phone _____ Relative Phone _____ Other Phone _____

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

Mail Return yes _____ No _____ Date of Occurrence _____ Date of Last Payment _____ BALANCE NOW DUE \$ _____

PLEASE LIST ONLY ONE ACCOUNT PER LISTING SHEET FOR PRIVACY ACT COMPLIANCE

*ADDITIONAL INFORMATION:

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.