



P.O. Box 70
 Scottsbluff, NE 68363-0070

 Branch Office
 Torrington, WY 82240-0909

phone: 308-632-7135
 fax: 308-635-0578
 toll free: 800-658-3227

The accounts listed below are submitted for collection at the usual rate:

Creditor's No. _____ Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____ Phone No. _____
 Authorized by _____ Title _____

Check Here _____ if you would like to have us call and discuss your collection problems. In submitting this list, the credit grantor gives assurance to the agent that it (or he/she), has complied with the disclosure and other provisions contained in Truth in Lending.

Debtor's No. _____ Debtors Full Name _____ Spouse _____
 Address _____ Zip _____ Phone _____ Amount \$ _____
 Employer (last known) _____ Date of Last Pmt. _____ Interest \$ _____
 Date of Last Chg. _____ Social Security No. _____ Mail Returned _____ Account Disputed _____ Costs \$ _____
 Additional Info. _____ **Total \$** _____

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 Employer (last known) _____ Date of Last Pmt. _____ Interest \$ _____
 Date of Last Chg. _____ Social Security No. _____ Mail Returned _____ Account Disputed _____ Costs \$ _____
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