

RCR

NEW CLAIM FORM

Please proceed to collect this account subject to the terms specified in the RCR brochure or which otherwise agreed upon.

Debtor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address (most recent): \_\_\_\_\_  
\_\_\_\_\_

Principals: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date Of Charges: \_\_\_\_\_

The following items are enclosed to assist you:

- statement of account                       credit report
- invoices     NSF check
- credit application
- other \_\_\_\_\_

Your company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_