

AFFINITY CREDIT SOLUTIONS

www.affinitycredit.ca

Collection Listing Form

FAX: (780) 428-1526

Please Mail or Fax completed form to :

Affinity Credit Solutions
303, 10187 - 104 Street
Edmonton, Alberta
T5J 0Z9

or Email to: listings@affinitycredit.ca

Toll Free (866) 759 - 8027
Phone (780) 428 - 1463
Fax (780) 428 - 1526

Company Name (your): _____ Phone : _____

Address : _____ Postal Code : _____

Contact Person : _____ Date : _____

Please check if you require more forms (or photocopy as necessary) _____

Please fill out this form completely and include photocopies of: **Applications / Invoices / Judgements / Write-off reports / etc.**

COMMERCIAL - company

Total Claim Amount: _____

Principal: _____ Interest: _____ Annual Interest Rate: _____

Legal Name of Company : _____

Trade Name (if different) : _____

Address : _____ City : _____

Province : _____ Postal Code: _____ Fax : _____

Phone 1 : _____ Phone 2 : _____ Cell : _____

Customer Account Number : _____ Contact Person : _____

Email Address : _____

DATE OF LAST PAYMENT or LAST SERVICE: _____ **** (required for input) ****

If you have a personal gaurantee or if it is not a registered company, supply the following information :

Name : _____ Home Phone Number : _____

Home Address : _____ Postal Code: _____

Additional Info : _____
