

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.

CONSUMER - individual

Claim Amount: _____ Interest: _____ Total: _____ Annual Interest Rate: _____

Debtors Last Name : _____ First : _____ Middle : _____

Last Known Address : _____ City : _____

Postal Code : _____ Home Phone: _____ Cell: _____

Employment: _____ Work Phone: _____

Date of Birth : _____ Social Insurance Number : _____ - _____ - _____

Name of Spouse : _____ Customer Account Number : _____

Email Address : _____

DATE OF LAST PAYMENT or LAST SERVICE: _____ **** (for Credit Bureau inclusion)****

Reason for Debt : _____

Other info: _____

CONSUMER - individual

Claim Amount: _____ Interest: _____ Total: _____ Annual Interest Rate: _____

Debtors Last Name : _____ First : _____ Middle : _____

Last Known Address : _____ City : _____

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