

RETURN TO: CREDIT BUREAU OF HAVRE, PO BOX 1512, HAVRE , MT 59501 (406) 265- 7871 FAX: (406) 265- 5820

For Valuable consideration, we hereby sell, assign and transfer unto the Credit Bureau of Havre the below claims, including but not limited to principal, interest, service fees, damages, costs or any other fees or amounts allowed by law or agreement with the debtor. We hereby authorize the Credit Bureau of Havre to bring action or suit hereon in its own name and to any and all things necessary to enforce collection of the amount of said claims.

FIRM NAME: _____ DATE: _____
ADDRESS: _____ TELEPHONE: _____
AUTHORIZED SIGNATURE: _____ TITLE: _____

YOUR ACT# _____ DEBTOR'S FULL NAME _____ DEBTOR'S SSN _____ - _____ - _____
ADDRESS _____ CITY/STATE _____ ZIP _____ PHONE _____
DEBTOR'S EMPLOYER _____ WORK# _____
SPOUSE _____ SPOUSE SSN _____ - _____ - _____ SPOUSE EMPLOYER _____ WORK# _____
DATE OF LAST CHARGE _____ (MUST BE COMPLETED) DATE OF DELINQUENCY** _____ (**MUST BE COMPLETED).**

ADDITIONAL INFORMATION (RELATIVES, REFERENCES, PATIENT NAME ETC).

 MAIL RETURNED
 ACCOUNT DISPTUED

AMOUNT \$ _____
INTEREST \$ _____
TOTAL \$ _____
OUR ACCOUNT # _____ (FOR OFFICE USE ONLY)

YOUR ACT# _____ DEBTOR'S FULL NAME _____ DEBTOR'S SSN _____ - _____ - _____
ADDRESS _____ CITY/STATE _____ ZIP _____ PHONE _____
DEBTOR'S EMPLOYER _____ WORK# _____
SPOUSE _____ SPOUSE SSN _____ - _____ - _____ SPOUSE EMPLOYER _____ WORK# _____
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DEBTOR'S EMPLOYER _____ WORK# _____
SPOUSE _____ SPOUSE SSN _____ - _____ - _____ SPOUSE EMPLOYER _____ WORK# _____
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