



# CENTRAL CREDIT RECOVERY INC.

Cascade Building  
Suite 104 - 2225 Hanselman Court  
Saskatoon, SK. S7L 6A8  
Collections (306) 653-8444  
Fax (306) 653-2555  
Toll Free 1-877-236-2733  
TransUnion (306) 653-2194

www.centralcreditbureau.com

admin@centralcreditbureau.com

## COMMERCIAL COLLECTION LISTING FORM

Client name: \_\_\_\_\_ Client No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Rate: \_\_\_\_\_

Number of Accounts: \_\_\_\_\_ Total: \_\_\_\_\_ Authorized by: \_\_\_\_\_

PLEASE CHECK IF YOU REQUIRE ADDITIONAL FORMS Date: \_\_\_\_\_

Principal Amount: \_\_\_\_\_ Interest Amount: \_\_\_\_\_ Int. rate per yr: \_\_\_\_\_ Total: \_\_\_\_\_

Legal Name of Company: \_\_\_\_\_

Trade Name (if different): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Mail Returned? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone in Service? Yes \_\_\_\_\_ No \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

DATE OF LAST PAYMENT: \_\_\_\_\_ DATE OF INITIAL CHARGE: \_\_\_\_\_

DATE OF LAST CHARGE: \_\_\_\_\_

*(Excluding Interest Date Entries)*

### Owner Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Spouse: \_\_\_\_\_

Please indicate that you have a personal guarantee signed yes \_\_\_\_\_ no \_\_\_\_\_

Additional Information: (eg. bank/names of friends or relatives/circumstances/other contacts/spouse's work number/assets)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*PLEASE ATTACH COPIES OF CREDIT APPLICATION AND PERSONAL GUARANTEE AS WELL AS INVOICES OR RELATED DOCUMENTS\*\*\*