



# CENTRAL CREDIT RECOVERY INC.

Cascade Building  
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## CONSUMER 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: \_\_\_\_\_

Claim Amount: \_\_\_\_\_ Interest Amount: \_\_\_\_\_ Int. rate: \_\_\_\_\_ Total Due: \_\_\_\_\_

Last Name #1: \_\_\_\_\_ First/Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Name #2: \_\_\_\_\_ First/Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ MAIL RETURNED? Yes \_\_\_\_\_ No \_\_\_\_\_

PHONE IN SERVICE? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current Employment #1: \_\_\_\_\_ Current Work Number #1: \_\_\_\_\_

Employment #2: \_\_\_\_\_ Work Number #2: \_\_\_\_\_

Previous Employment #1: \_\_\_\_\_ Previous Work Number #1: \_\_\_\_\_

Employment #2: \_\_\_\_\_ Work Number #2: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

Account No: \_\_\_\_\_ Date of Last Charge\* \_\_\_\_\_

(Not including interest)

Additional Information: (eg. Next of kin/bank/names of friends/spouse's work number/known assets):

*\*Copies of Invoice or Documentation may be required\**