



Consumer Claim Form

Please fill out this form and fax it to 602-864-0297.

Your Company Information

Today's Date: _____

Contact Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Email: _____

Phone: _____ Fax: _____

Outline of products or services:

Debtor Information

Last Name: _____ MI: _____ First Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ ZIP: _____

Phone 1: _____ Mobile1: _____

Phone 2: _____ Mobile2: _____

Email: _____

Debt Data

Principle Amount: _____ Service Date: _____

Interest: _____ Interest Assessed Through: _____

Last Charge Date: _____ Last Payment Date: _____

Delinquency Date: _____

Account Type: Judgment Signed Contract Other

Personal Guarantee: NO YES

Phone Number: _____ SSN: _____

Debt Description: _____

Comments:
