



Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

We hereby submit the accounts listed below for collection with Credit Bureau of the South, Inc..

AUTHORIZED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

Account No: \_\_\_\_\_ Responsible Party Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Employer & Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Date of last Pmt: \_\_\_\_\_ Date of last charge: \_\_\_\_\_  
Amount \$: \_\_\_\_\_  
Additional  
Info: \_\_\_\_\_

Account No: \_\_\_\_\_ Responsible Party Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Employer & Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Date of last Pmt: \_\_\_\_\_ Date of last charge: \_\_\_\_\_  
Amount \$: \_\_\_\_\_  
Additional  
Info: \_\_\_\_\_

Account No: \_\_\_\_\_ Responsible Party Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Employer & Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Date of last Pmt: \_\_\_\_\_ Date of last charge: \_\_\_\_\_  
Amount \$: \_\_\_\_\_  
Additional  
Info: \_\_\_\_\_

It is very important that payments are reported to our office promptly so that we can update credit