

## Standard Form

P.O. Box 7582 Shreveport, LA 71137-7582

Office: (318)221-3695 Fax: (318)221-3750

Toll Free: 1-800-259-3695

Name: Address:	Date: Phone:			
Address:				
We hereby submit the a	eccounts listed below fo	or collection	with Credit Bu	reau of the South, Inc.
AUTHORIZED BY:				***************************************
Account No:	Responsible I	Party Name	e:	
Address:				
Home Phone:		S5#:		
Employer & Phone:				
		Date of last charge:		
Amount \$:			سسيب الو	
Additional			,	
Info:	_			
•	***************************************		*	
Account No:	Responsible I	Party Name	e:	
Address:				
Home Phone:				
Employer & Phone:				
Date of last Pmt:	Date of last charge:			
Amount \$:				
Additional				
Info:				
•				
Account No:	Responsible F	Responsible Party Name:		
Address:	City:		State:	Zip:
Home Phone:		SS#:		•
Employer & Phone:			Spouse:	*
Date of last Pmt:	Date of last charge:			
Amount \$:		-	<b>₩</b> *** ********************************	
Additional				
Info:				

It is very important that payments are reported to our office promptly so that we can update credit files in a timely manner. Thank you for your business