

NOTICE OF COLLECTION

Account #:	Date:		
Customer:	Telephone:		
Address:			
City:	State:	Zip:	

NOTICE OF PAYMENT PAST DUE

AMOUNT DUE	MINIMUM PAYMENT DUE	FINANCE/INTEREST

PAYMENT MUST BE RECEIVED ON OR BEFORE:

TO DISCUSS YOUR ACCOUNT PLEASE CONTACT:

ACCOUNT REPRESENTATIVE	TELEPHONE #

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