



COMMERCIAL COLLECTIONS, INC.

P.O. BOX 250957 • MILWAUKEE, WI 53225 • PHONE (414) 461-4882 • (800) 999-5185 • FAX (800) 207-4460 • (414) 461-4886

Debtor _____ Amount _____

Address _____ Tel (____) _____

City _____ State _____ Zip _____

Comment _____ Fax (____) _____

This account is sent to you for collection subject to terms and conditions as previously agreed to. Proceed as indicated. Please check the beginning service desired.

Collection History

_____ FREE WRITTEN DEMAND _____ DAYS
 Specify number of days not to exceed 14.(No accounts accepted for FREE WRITTEN DEMAND only.)

Name of principal contact if known

_____ IMMEDIATE PERSONAL COLLECTION NO
 COLLECTION NO CHARGE

Please check your experience with your Debtor.

_____ IMMEDIATE FORWARDING SERVICE

- Payment requests ignored no response.
- Broken Promise
- Telephone Disconnected
- Mail Returned
- NSF Check Attached
- Other: Details Attached

_____ LETTER SERVICE

_____ CHECK IF YOU NEED MORE FORMS

Claimant _____ Tel _____

Address _____

City _____ State _____ Zip _____

Signed _____ Fax _____

Make as many copies of this form as needed

SERVICE THROUGHOUT THE UNITED STATES AND CANADA

This collection agency is licensed by the Office of the Administrator of the Division of Banking, P.O. Box 7876, Madison, WI 53707