

## Collection Listing Sheet

Your Company Name
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### **Consumer Collection (Only complete this section if your debtor is an individual)**

First Name	Middle Name	Last Name
Address		
City	Province	Postal Code
Home Phone	Cell Phone	
E-Mail Address	SIN	Date of Birth
Employer	Employer Phone Number	

### **Commercial Collection (Only complete this section if your debtor is a company)**

Company Name		
Address		
City	Province	Postal Code
Phone	Fax	
Contact #1	Contact #2	
E-Mail Address	Personal Guarantee on File? (Y/N)	

### **Debt Information**

Please check one:  Pre-collect Program  Immediate Collection  Re-assign

Principal Balance \$	Interest Balance \$	Total Balance \$
Account/Invoice Number	Date of Last Activity	Signed Back Up Available? Y/N

Miscellaneous Information
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I hereby authorize General Credit Services Inc to proceed with collection action on this account pursuant to the terms and conditions set out in our collection agreement.

Name	Signature/Date
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**Fax this sheet to General Credit Services Inc at 604-688-6017**