



INSTRUCTIONS TO SUBMIT A COLLECTION REQUEST:

Complete the form below and fax it back to our office at (404) 350-1193 or email the information to us at collections@georgiacollect.com.

Creditor Information

Full Name: _____ Title: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email Address: _____

Debtor Information

Full Name: _____ Principal Amount Due: _____

Social Security #: _____ Fax #: _____

Home Phone #: _____ Work Phone #: _____

Address: _____

City/State/Zip: _____

Debtor History – Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> No Response | <input type="checkbox"/> Check Returned | <input type="checkbox"/> Disputed |
| <input type="checkbox"/> Mail Returned | <input type="checkbox"/> Claims Inability to Pay | <input type="checkbox"/> Phone Disconnected |
| <input type="checkbox"/> Other | | |

Additional Comments: _____

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