

### Delinquent Debt Portfolio Submission Worksheet

**CCFC/Referral Representative Information**

Name NICASH \_\_\_\_\_ Date \_\_\_\_\_

Company NATIONAL INTERNATIONAL CASH \_\_\_\_\_

Address PO BOX 874 \_\_\_\_\_

City RENTON \_\_\_\_\_ State WA \_\_\_\_\_ ZIP 98057 \_\_\_\_\_

Phone 1 888 935 0147 \_\_\_\_\_ Fax 1 206 772 1656 \_\_\_\_\_

**Type of Portfolio**

- |   |   |
|---|---|
| <input type="checkbox"/> Credit card<br><input type="checkbox"/> Medical receivables<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Bad checks | <input type="checkbox"/> Consumer installment contracts<br><input type="checkbox"/> Deficiency balances<br><input type="checkbox"/> Legal-related accounts<br><input type="checkbox"/> Other: _____ |
|---|---|

**Portfolio Size**

Face value: \_\_\_\_\_

Number of accounts: \_\_\_\_\_

Average balance: \_\_\_\_\_

**Aging Distribution**

Year (last date of pay or charge-off date)	Number of Accounts	Amount
1998		
1997		
1996		
1995		
1994 and older		

**Geographic Distribution**

State	Number of Accounts	Amount

**Agency Placement**

- Zero     
  Primary     
  Secondary     
  Tertiary     
  Quad

**Other Information**

- |             |                                    |  |
|-------------|------------------------------------|--|
| Media:      | <input type="checkbox"/> Available | <input type="checkbox"/> Unavailable           |
| Warranties: | <input type="checkbox"/> As is     | <input type="checkbox"/> Full warranty package |
| Format:     | <input type="checkbox"/> Disk      | <input type="checkbox"/> Hard copy             |