

Debt Collection Report

Name: _____

Address: _____

City: _____

State/Zip: _____

Date: _____

Account #: _____

Account Status: _____

Current: \$ _____

30 Days Over: \$ _____

60 Days Over: \$ _____

90 Days Over: \$ _____

Total: \$ _____

Recommended Action: _____

Continue credit extension

Stop credit and agree on payment

Stop credit and collect debt

Agent Signature

Date Signed