

Case Submission Form

Contact Information

Creditor Information:

Company:	Contact Name:	
Phone:	Email:	
Fax:	Referrer (if any):	
Address:		

Type of Business: _____

Debtor Contact Information:

Company:	Contact Name:
Phone:	Email:
Fax:	
Address:	
Type of Business:	
Relationship Information:	
How long have you been doing busines	s together?
Still Doing Business with them?	
Last Contact Date:	
Planning on doing future business toge	ther?
Additional Information:	



1000 N West Street Suite 1200 Wilmington, DE 19801 Phone: 800 525-0513

Debt Information

Delinquent Debt Summary:

Please provide a brief summary of the delinquent invoice:

What was the original invoice for?	
Amount to be collected (in USD):	
Original Invoice Date:	
Terms of Initial Contract:	
Last Payment Date:	
Were Inaccurate Invoice(s) Issued?	Yes / No
Additional Information:	

Has this debt been attempted to be collected before?

If Yes, please summarize what has been done and when:

Do you have the debtor's banking information?		
If yes, please provide the bank information below:		
Bank:	Contact Name:	
Phone:	Email:	
Fax:		
Address:		



Required Documents:

Please provide any and all documentation related to this claim. Documents may include:

- Original Contract/Agreement
- Invoices
- Purchase Orders
- Sales Confirmation
- Bills of Lading
- Packing List
- Customs Documentation

- Statement of Account
- Communication Records:

Email, Fax, Phone, etc.

- Debit/Credit Memos
- Proofs of Partial Payments
- Inspection report
- Other: (please list)