



COLLECTION BUREAU OF WALLA WALLA

CLAIM SHEET

FOR BEST RESULTS PLEASE PROVIDE US ALL INFORMATION

The accounts and claims below are assigned to you for collection, subject to your established rates and conditions, whether the payment is made to you or to us by the consumer. Please act as our agent in clearing drafts, checks and notes for collection.

Consumer's Full Name _____ Spouse _____ Amount Due _____
 Address _____ Phone _____ Is Mail Returned? _____
 Employment (or last known employer) _____ Date of Last Payment _____ Date of Last Charge _____
 Assets and Other Person Info. _____ Date of Birth _____
 Medical Accounts (Services to whom) _____ Account No. _____ SS No. _____

Consumer's Full Name _____ Spouse _____ Amount Due _____
 Address _____ Phone _____ Is Mail Returned? _____
 Employment (or last known employer) _____ Date of Last Payment _____ Date of Last Charge _____
 Assets and Other Person Info. _____ Date of Birth _____
 Medical Accounts (Services to whom) _____ Account No. _____ SS No. _____

Consumer's Full Name _____ Spouse _____ Amount Due _____
 Address _____ Phone _____ Is Mail Returned? _____
 Employment (or last known employer) _____ Date of Last Payment _____ Date of Last Charge _____
 Assets and Other Person Info. _____ Date of Birth _____
 Medical Accounts (Services to whom) _____ Account No. _____ SS No. _____

Consumer's Full Name _____ Spouse _____ Amount Due _____
 Address _____ Phone _____ Is Mail Returned? _____
 Employment (or last known employer) _____ Date of Last Payment _____ Date of Last Charge _____
 Assets and Other Person Info. _____ Date of Birth _____
 Medical Accounts (Services to whom) _____ Account No. _____ SS No. _____

Consumer's Full Name _____ Spouse _____ Amount Due _____
 Address _____ Phone _____ Is Mail Returned? _____
 Employment (or last known employer) _____ Date of Last Payment _____ Date of Last Charge _____
 Assets and Other Person Info. _____ Date of Birth _____
 Medical Accounts (Services to whom) _____ Account No. _____ SS No. _____

Please report all payments made to you promptly to our office.

PLEASE FILL IN YOUR NAME AND ADDRESS

Name: _____
 Address: _____
 Contact: _____ Date: _____ Phone No: _____
 Email Address: _____