



**METROPOLITAN
COLLECTION
AGENCY**

PO Box 46
Keene, NH 03431
(Main) (603) 461-5264
(Toll-Free) (866) 602-6408
(Fax) (603) 709-2747

info@metrocollection.agency
www.metrocollection.agency

COLLECTION ACCOUNT SUBMISSION FORM

CLIENT ID (required): _____ ACCOUNT REFERENCE: _____

DEBTOR NAME: _____

SSN: _____ / _____ / _____ DOB: _____ / _____ / _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AMOUNT OWED: \$ _____

SUBJECT TO INTEREST PER SIGNED AGREEMENT(S)? YES () NO () MONTHLY RATE: _____%

SUBJECT TO COLLECTION/ATTORNEY FEES PER SIGNED AGREEMENT? YES () NO ()

DATE(S) OF SERVICE: _____ LAST PAYMENT DATE: _____

TELEPHONE NUMBER(S): (H) _____ (C) _____

EMAIL ADDRESS: _____

DRIVER(S) LICENSE #: _____ DRIVER(S) LICENSE STATE: _____

EMPLOYER NAME: _____

EMPLOYER PHONE: _____

NARRATIVE: _____

*** PLEASE PROVIDE SUPPORTING DOCUMENTATION INCLUDING, BUT NOT LIMITED TO, ITEMIZED STATEMENT(S)/INVOICE(S)/WORK ORDER(S) AS WELL AS SIGNED AGREEMENT(S) ***