



CHECKNET

Collections. Merchant Services. Electronic Payments.₁

CLIENT NAME _____ **CLIENT NUMBER** _____

Responsible Party Information:

Account Number: _____

First Name _____

Middle Name _____

Last Name _____

Gender M or F

Last Known Address _____

City: _____ State: _____ Zip: _____

Phone: _____

Social Security Number/ID Number _____ Date of Birth _____

Employment Information:

Employer Name: _____

Employer Address (if known) _____

Employer Phone (if known) _____

Debt Information:

Principal Assigned _____

Interest Assigned _____

Collection Fee _____

Total Balance Owing _____

Last Charge Date _____

Service Information: (if different than responsible party)

Name: _____ Date of Birth _____ Date of Service _____

Name: _____ Date of Birth _____ Date of Service _____

Reference Information:

Name: _____ Relation: _____ Phone: _____

Past Payment History:

Bank Information: _____

Routing Number: _____

Account Number: _____

Assign Date: _____

Signature: _____