

DEBTOR: LAST NAME		FIRST	MI	SPOUSE		MI	HOME PHONE NUMBER
STREET OR BOX		CITY		STATE		ZIP	
SOC. SEC. #	EMPLOYER			EMPLOYER PH. NO.			
SPOUSE'S SOC. SEC. #	SPOUSE'S EMPLOYER			SPOUSE'S EMPLOYER PH. NO.			
ACCOUNT NUMBER	DATE LAST CHG	DATE LAST PMT	FIRST DELINQUENCY DATE	PRINCIPAL \$	INTEREST \$	AMOUNT DUE \$	
ADDITIONAL INFORMATION					IS MAIL RETURNED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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**Fill in your name and address and mail to DCI Credit Services, Inc.**

These accounts are assigned to you with the full power and authority to do and perform all acts necessary for the collection of said account or accounts, as per our agreement.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone \_\_\_\_\_



**DCI CREDIT SERVICES, INC.**

PO Drawer 1347  
Dickinson, North Dakota 58602-1347

Telephone: (701) 483-9111 FAX: (701) 483-4438 Website: dci-credit.com

MEMBER: AMERICAN COLLECTORS ASSOCIATION