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COLLECTION REFERRAL FORM

CLIENT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP _____
TELEPHONE # _____
CONTACT NAME _____

BORROWER NAME	_____	CO-BORROWER NAME	_____
STREET ADDRESS	_____	STREET ADDRESS	_____
CITY, STATE, ZIP	_____	CITY, STATE, ZIP	_____
SOCIAL SECURITY #	_____	SOCIAL SECURITY #	_____
EMPLOYER NAME	_____	EMPLOYER NAME	_____
STREET ADDRESS	_____	STREET ADDRESS	_____
CITY, STATE, ZIP	_____	CITY, STATE, ZIP	_____

DEBT INFORMATION

CLIENT ACCOUNT # _____

DATE OF CONTRACT OR SERVICES _____ INTEREST RATE _____
CURRENT PRINCIPAL BALANCE \$ _____
ACCRUED INTEREST \$ _____
LATE CHARGES \$ _____
TOTAL \$ _____

Please furnish the following for all new actions:

- A. Copy of invoices or statements
- B. Promissory note, Dealer Contract, Loanliner, or other debt instrument
- C. Copy of Driver's License or Picture ID
- D. Copy of Loan Application
- E. Vehicle title, Notice of Lien or Deed of Trust (if applicable)
- F. Signed and **notarized** Original Affidavit of Debt (attached)
- G. Copy of provision allowing for collection of attorney fees and costs

INSTRUCTIONS TO ATTORNEY:

_____ Sue for money judgment
_____ Send demand letter only
_____ Other _____

Special instructions or remarks:

AUTHORIZED SIGNATURE

DATE OF REFERRAL

AFFIDAVIT OF DEBT

STATE OF _____

COUNTY OF _____

Re: _____ (debtor name)

I hereby certify and confirm that I am the _____ (job title) with

_____ (company name) doing business in the County of

_____. I further state that the claim in the principal sum of

\$_____ is legitimate. I further state that I am duly qualified and competent to

testify to the matters stated herein, and am authorized to make this affidavit. I further

state that the records of this account are maintained under my supervision, and that the

amount of the claim is just and true to the best of my personal knowledge.

This affidavit executed this ____ day of _____, 20__.

Signature _____

Printed _____

The foregoing Affidavit of Debt sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public _____

My commission expires: _____