

CENTRAL NEBRASKA COLLECTIONS, L.L.C.  
ACCOUNT SUBMITTAL FORM

DEBTOR INFORMATION

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Debtor Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Amount Due \$ \_\_\_\_\_ Debtor's Bank \_\_\_\_\_

Your File #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mail Returned:  Yes  No E-mail: \_\_\_\_\_

Do you want us to send you copies of all contacts with debtor?  YES  NO

Debtor History-Please Check All That Apply

No Response  Disputed  Mail Returned

Check Returned  Claims Inability To Pay  Other

Phone Disconnected  Medical Debt Resulting From Injury

Please Include Any Additional Information Below:

\_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_