



Commercial Form

P.O. Box 7582
Shreveport, LA 71137-7582
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Toll Free: 1-800-259-3695

Name:
Address:

Date:
Phone:

We hereby submit the accounts listed below for collection with Credit Bureau of the South, Inc..

AUTHORIZED BY: TITLE:

Account No: Debtor Firm:
Address:
City: State: Zip:
Phone:
Form of Business: Individual: Partnership: Corporation: Tax ID:
Owners, Partners or Officers: /
SS#: SS#:
Address:
Date of last Pmt: Date of last charge:
Amount \$:
Additional Info:

Account No: Debtor Firm:
Address:
City: State: Zip:
Phone:
Form of Business: Individual: Partnership: Corporation: Tax ID:
Owners, Partners or Officers: /
SS#: SS#:
Address:
Date of last Pmt: Date of last charge:
Amount \$:
Additional Info:

If is very important that payments are reported to our office promptly so that we can update credit