

# CMI Credit Mediators Inc.

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## DEBTOR INFORMATION:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS 1: \_\_\_\_\_ CITY: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## INVOICE INFORMATION:

# OF OPEN INVOICES: \_\_\_\_\_ DATE NEWEST OPEN INVOICE: \_\_\_\_\_  
DATE OLDEST OPEN INVOICE: \_\_\_\_\_ DATE OF LAST PAYMENT: \_\_\_\_\_

## PRINCIPAL or OWNER INFORMATION:

NAME / TITLE: \_\_\_\_\_ NAME / TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CUSTOMER ACCOUNT# \_\_\_\_\_

**DEBTOR'S BANKING INFORMATION:** NAME OF BANK: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
COMMENTS / STORY: \_\_\_\_\_  
RESTRICTIONS: \_\_\_\_\_

TO GUARANTEE MAXIMUM EFFICIENCY,

WE HAVE ENCLOSED:

ITEMIZED STATEMENT      CORRESPONDENCE  
INVOICES                      CREDIT APP.  
CONTRACT                      NSF CHECK  
PURCHASE ORDER              PROOF DELIVERY

OTHER: \_\_\_\_\_

IF OTHER, PLEASE FILL IN

## DEBT INFORMATION

PRINCIPAL: \_\_\_\_\_  
INTEREST: \_\_\_\_\_  
% COLL CHARGE: \_\_\_\_\_  
MISCELLANEOUS: \_\_\_\_\_  
TOTAL AMT: \_\_\_\_\_

DATE: \_\_\_\_\_ CLIENT #: \_\_\_\_\_ FEE: \_\_\_\_\_

SALES REP NAME: \_\_\_\_\_ CLIENT NAME: \_\_\_\_\_

SALES REP NUMBER: \_\_\_\_\_