

COLLECTION NOTICE

Date _____ Acct.No. _____
To:

NOTICE OF DELINQUENT PAYMENT *****

Amount Due	Minimum Payment	Finance Charges
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:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	

 PAYMENT MUST BE RECEIVED ON _____ OR
 BEFORE _____ TO AVOID FURTHER ACTION

If you feel that this is in error/or you wish to discuss your account for any reason please contact the following person directly, be sure to have this statement on hand.

Telephone	Ext.	Name
