

FAST FAX FORM

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CREDITOR NAME AND ADDRESS:

CREDITOR CONTACT INFO:

NAME: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Referral Type: 10 Day Free Demand Advance Alert Quick Collect See Below

1	NAME		PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
2	NAME		PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
3	NAME		PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
4	NAME		PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
5	NAME	CONTACT	PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

Signed by: _____ Date: _____