

Special Holiday Fax-O-Gram



FAXOGRAM



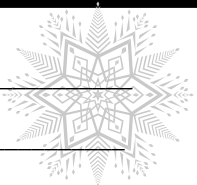
FAX BACK TO US AT 1-800-873-5211



Company _____
Address _____
City, State, Zip _____
Name _____

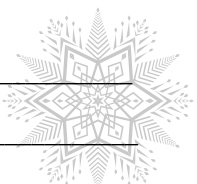
Please send your FINAL NOTICE, on our behalf, to the following accounts. Allow the time indicated, or proceed with immediate collection where indicated. We understand we will receive a copy of the Final Notice Form and that there will be NO CHARGE for collection received on or before the due date.

DEBTOR'S NAME _____		ADDRESS _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
AMT DUE: _____	DATE OF LAST CHG _____	ALLOW 10 DAYS _____	START IMMEDIATELY _____	INITIALS _____



DEBTOR'S NAME _____		ADDRESS _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
AMT DUE: _____	DATE OF LAST CHG _____	ALLOW 10 DAYS _____	START IMMEDIATELY _____	INITIALS _____

DEBTOR'S NAME _____		ADDRESS _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
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Answer #1. _____

Answer #2. _____

Answer #3. _____