

BONDED ADJUSTMENT COMPANY  
1229 W 1<sup>ST</sup> AVE  
SPOKANE WA 99201  
(509) 624-5181 OR (800) 926-6333 FAX: (509) 455-6733

## ACCOUNT LISTING SHEET

YOUR BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

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DEBTOR FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ SS#: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK#: \_\_\_\_\_ MESSAGE#: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

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DEBTOR 2 (SPOUSE) FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ SS#: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK#: \_\_\_\_\_ MESSAGE#: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

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IF A 3<sup>RD</sup> DEBTOR PLEASE CHECK THIS BOX AND ATTACH OR PLACE INFO ON BACK

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DATE OF LAST CHARGE: \_\_\_\_\_ DATE OF LAST PAYMENT: \_\_\_\_\_

PRINCIPAL AMOUNT: \$ \_\_\_\_\_ FINANCE/INTEREST \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

\*\*\*PLEASE ATTACH PROOF OF THE DEBT (i.e. INVOICES, STATEMENTS, CONTRACTS, ECT)\*\*\*

I hereby transfer, set over and assign unto Bonded Adjustment Company, a corporation, all our right, title and interest in the above claim. Advanced Court costs and attorney fees will be paid from the monies collected. I hereby certify that I have complied with the requirements of Regulation Z of the Truth in Lending Act.

SIGNED \_\_\_\_\_ POSITION \_\_\_\_\_