

BONDED ADJUSTMENT COMPANY
1229 W 1ST 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: _____

DEBTOR FULL NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ SS#: _____ BIRTH DATE: _____

EMPLOYER: _____ WORK#: _____ MESSAGE#: _____

BANK NAME: _____ ACCOUNT#: _____

DEBTOR 2 (SPOUSE) FULL NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ SS#: _____ BIRTH DATE: _____

EMPLOYER: _____ WORK#: _____ MESSAGE#: _____

BANK NAME: _____ ACCOUNT#: _____

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

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 _____