



509-765-4271 or 1-844-900-0300 FAX 509-765-4128
110 E. Broadway Ste 1, Moses Lake, WA 98837
www.fastandfairml.com
customerservice@fastandfairml.com

Client Name: Address:

Contact Name: Phone# Date:

List your past due accounts below and send them to Fast and Fair Collection Solutions today.
Please accept the following accounts for collection. These accounts are not currently placed with another agency.

FULL NAME AND ADDRESS OF RESPONSIBLE PARTY COMPLETE INFORMATION BRINGS FASTER COLLECTION

Name: SSN:

DOB: Phone#: Spouse Phone#:

Spouse: SSN: DOB:

Mailing Address: City, State, Zip:

Employment: Spouse Employment:

Account # Date of Last Payment: Date of Service:

Insurance Billed: Yes No Insurance Date of Last Payment:

Principal Amount Due: \$ Interest Charge: \$ Total Amount Due: \$

Name: SSN:

DOB: Phone#: Spouse Phone#:

Spouse: SSN: DOB:

Mailing Address: City, State, Zip:

Employment: Spouse Employment:

Account # Date of Last Payment: Date of Service:

Insurance Billed: Yes No Insurance Date of Last Payment:

Principal Amount Due: \$ Interest Charge: \$ Total Amount Due: \$

Name: SSN:

DOB: Phone#: Spouse Phone#:

Spouse: SSN: DOB:

Mailing Address: City, State, Zip:

Employment: Spouse Employment:

Account # Date of Last Payment: Date of Service:

Insurance Billed: Yes No Insurance Date of Last Payment:

Principal Amount Due: \$ Interest Charge: \$ Total Amount Due: \$