

# FAST FAX FORM

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**CREDITOR NAME AND ADDRESS:**

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**CREDITOR CONTACT INFO:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

1	NAME	CONTACT	PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: YES NO
2	NAME	CONTACT	PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: YES NO
3	NAME	CONTACT	PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: YES NO
4	NAME	CONTACT	PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: YES NO
5	NAME	CONTACT	PHONE
	ADDRESS	CITY/ST	ZIP
	REFERRAL TYPE:	AMOUNT:	ATTACHMENTS: YES NO

**Signed by: \_\_\_\_\_ Date: \_\_\_\_\_**