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COLLECTION REFERRAL FORM

CLIENT NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE # _____

CONTACT NAME _____

BORROWER NAME _____ CO-BORROWER NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

SOCIAL SECURITY # _____ SOCIAL SECURITY # _____

EMPLOYER NAME _____ EMPLOYER NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

DEBT INFORMATION

CLIENT ACCOUNT # _____

DATE OF CONTRACT OR SERVICES _____ INTEREST RATE _____

CURRENT PRINCIPAL BALANCE \$ _____

ACCRUED INTEREST \$ _____

LATE CHARGES \$ _____

TOTAL \$ _____

Please furnish the following for all new actions:

- A. Copy of invoices or statements
- B. Promissory note, Dealer Contract, Loanliner, or other debt instrument
- C. Copy of Driver's License or Picture ID
- D. Copy of Loan Application
- E. Vehicle title, Notice of Lien or Deed of Trust (if applicable)
- F. Signed and **notarized** Affidavit of Debt (attached)
- G. Copy of provision allowing for collection of attorney fees and costs

INSTRUCTIONS TO ATTORNEY:

_____ Sue for money judgment
_____ Send demand letter only
_____ Other _____

Special instructions or remarks:

AUTHORIZED SIGNATURE

DATE OF REFERRAL

AFFIDAVIT OF DEBT

Re: _____(debtor name)

STATE OF _____

COUNTY OF _____

I hereby certify and confirm that I am the _____(job title) with
_____ (company name) doing business in the County of
_____. I further state that the claim in the principal sum of
\$_____ is legitimate. I further state that I am duly qualified and competent to
testify to the matters stated herein, and am authorized to make this affidavit. I further
state that the records of this account are maintained under my supervision, and that the
amount of the claim is just and true to the best of my personal knowledge.

This affidavit executed this ____ day of _____, 20__.

Signature _____

Printed _____

The foregoing Affidavit of Debt sworn to and subscribed before me this ____ day of _____,
20__.

Notary Public _____

My commission expires: _____