## **DEBT REFERRAL**

**Central Collection Unit** 

Bankruptcy (Complete if applicable Information attached Case Number
Date Filed
State wher
Chapter 7 13 11
(FIRST NAME) MI
Bad Address
Zip Code
Date of Birth
nership Corporation

300 W. Preston Street, Room 500  Baltimore, Maryland 21201  Tel: (410) 767-1228  St	ate Filedate where Gledate where 7 13 11
1. CCU Client# (REQUIRED ENTRY)	
2. Debtor LAST NAME) (Business Name) (FIR	ST NAME) MI
3. Debtor Address	Bad Address
City State	Zip Code
4. Telephone Number 5. Date of	of Birth
6. Type of Debtor (Check Box) Individual Partnershi	p Corporation
7. Social Security Number	(If #2 above is an individual
8. Maryland Driver's License Number (If Known)	
9. Taxpayer Identification Number (FEIN) (If Applicable)	
10. Debt Amount	
a. Principal b. Inte	
c. Collection Fee of 17% will be computed by CCU d. Oth	ner
11. Agency Account Number (Client Reference)	
12. Interest Rate (If Applicable)	Mo. Day Yr.
14. Nature/Cause of Debt (Include Date of Debt/Service)	·
15. Agency Contact Person	
Name Date of Referral	Phone Number

Check here if additional information is on back. DBM-CCU-33-97