



P.O. Box 9307 • Rapid City, SD 57709-9307
 Phone: (605) 343-1311 • Fax: (605) 342-7195

LISTING INSTRUCTIONS

Complete a listing form and fax, email, or mail to our office. If you already have an account established, you may submit your placements online at: www.expresscollections.com

X-PRESS DEMAND (OPTIONAL) REPORT TO CREDIT BUREAU (OPTIONAL)

LAST NAME		FIRST NAME		MI	SPOUSE/COSIGNER	
ADDRESS			CITY	STATE	ZIP	PHONE
SOC. SEC. #	DOB	EMPLOYER			EMPLOYER PHONE	
SPOUSE/COSIGNER SSN#	SPOUSE/COSIGNER DOB	SPOUSE/COSIGNER EMPLOYER			EMPLOYER PHONE	
ACCOUNT #	ADDITIONAL INFORMATION				JUDGMENT CASE NUMBER	
DATE LAST SERVICE	DATE LAST PAYMENT	DATE LAST INTEREST CHARGE	PRINCIPAL OWED		INTEREST OWED	TOTAL DUE

X-PRESS DEMAND (OPTIONAL) REPORT TO CREDIT BUREAU (OPTIONAL)

LAST NAME		FIRST NAME		MI	SPOUSE/COSIGNER	
ADDRESS			CITY	STATE	ZIP	PHONE
SOC. SEC. #	DOB	EMPLOYER			EMPLOYER PHONE	
SPOUSE/COSIGNER SSN#	SPOUSE/COSIGNER DOB	SPOUSE/COSIGNER EMPLOYER			EMPLOYER PHONE	
ACCOUNT #	ADDITIONAL INFORMATION				JUDGMENT CASE NUMBER	
DATE LAST SERVICE	DATE LAST PAYMENT	DATE LAST INTEREST CHARGE	PRINCIPAL OWED		INTEREST OWED	TOTAL DUE

X-PRESS DEMAND (OPTIONAL) REPORT TO CREDIT BUREAU (OPTIONAL)

LAST NAME		FIRST NAME		MI	SPOUSE/COSIGNER	
ADDRESS			CITY	STATE	ZIP	PHONE
SOC. SEC. #	DOB	EMPLOYER			EMPLOYER PHONE	
SPOUSE/COSIGNER SSN#	SPOUSE/COSIGNER DOB	SPOUSE/COSIGNER EMPLOYER			EMPLOYER PHONE	
ACCOUNT #	ADDITIONAL INFORMATION				JUDGMENT CASE NUMBER	
DATE LAST SERVICE	DATE LAST PAYMENT	DATE LAST INTEREST CHARGE	PRINCIPAL OWED		INTEREST OWED	TOTAL DUE

These accounts are assigned to Express Collections with full power and authority to do and perform all acts necessary for the collection, settlement, compromise or satisfaction of said account or accounts. Assignor agrees to all commission rates and terms.

X Signature _____ Date _____

Business Name _____ Contact _____

Address _____ Phone _____

City / State / Zip _____ Fax _____

Email: _____