

Delinquent Debt Portfolio Submission Worksheet

CCFC/Referral Representative Information

Name _____ Date _____

Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Type of Portfolio

- | | |
|---|---|
| <input type="checkbox"/> Credit card
<input type="checkbox"/> Medical receivables
<input type="checkbox"/> Student loans
<input type="checkbox"/> Bad checks | <input type="checkbox"/> Consumer installment contracts
<input type="checkbox"/> Deficiency balances
<input type="checkbox"/> Legal-related accounts
<input type="checkbox"/> Other: _____ |
|---|---|

Portfolio Size

Face value: _____

Number of accounts: _____

Average balance: _____

Aging Distribution

Year (last date of pay or charge-off date)	Number of Accounts	Amount
1998		
1997		
1996		
1995		
1994 and older		

Geographic Distribution

State	Number of Accounts	Amount

Agency Placement

- Zero
 Primary
 Secondary
 Tertiary
 Quad

Other Information

- | | | |
|-------------|------------------------------------|--|
| Media: | <input type="checkbox"/> Available | <input type="checkbox"/> Unavailable |
| Warranties: | <input type="checkbox"/> As is | <input type="checkbox"/> Full warranty package |
| Format: | <input type="checkbox"/> Disk | <input type="checkbox"/> Hard copy |