

Submission Form

Your Name:

Date

Debtor info:

(Business Name)

Name

Mid

Last

SSN / EIN

D.O.B

Address

City/State/Zip

Phone

Cell

Email

Account info:

Account #

Itemization Date*

Date of First Delinquency**

Principal***

Fees

Payments/Credits****

Interest Rate (If applicable)

Interest Starting Date

Notes Item/Service

***Itemization Date** = The transaction date. This is the date that the good or service that gave rise to the debt was provided or made available to the debtor.

(Alternative dates that may be used:

The last statement date. The charge-off date. The last payment date (It can be the date a third-party payment was applied to the debt, such as a payment from an auto repossession agent or an insurance company, if that payment was the last payment on the account.) The judgment date.)

****The Date of First Delinquency** is the date the account became delinquent and was not brought current. This date is used to determine when the account must be deleted from a credit report.

*****The amount of the bill as of on the **Itemization Date**** (This amount includes any fees, interest, or other charges owed as of that itemization date)

******The amount of credits** (consumer and/or insurance payments) since Itemization Date

Please include any support to your claim such as a contract, invoice or ledger. Send your file to info@thefaircapital.com

Thanks for your business!