

## NOTICE OF COLLECTION

Account #:	Date:	
Customer:	Telephone	
Address:		
City	State:	Zip:

### NOTICE OF PAYMENT PAST DUE

AMOUNT DUE	MINIMUM PAYMENT DUE	FINANCE/INTEREST

**PAYMENT MUST BE RECEIVED ON OR BEFORE:**

**TO DISCUSS YOUR ACCOUNT PLEASE CONTACT:**

ACCOUNT REPRESENTATIVE	TELEPHONE #

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