



FORM 203-AP222

FAX TO: (815) 301-3905
Debt Negotiation Referral Form

Customer Name: _____

Address: _____

City, State, Zip _____, _____, _____

Home Phone: _____ - _____ - _____ **Work/Cell Phone:** _____ - _____ - _____
(please circle one)

Email Address: _____

Best Time To Reach: _____ **Work/Cell # or Home #**

Date Referred _____

Customer given permission for a CCR rep to contact them: YES NO

Total Credit Card and/or Unsecured Debt Amount: \$ _____

How many Credit Cards do you have _____

Who is your largest Creditor _____, **and how much is the debt** \$ _____

Are these Creditor accounts held jointly or individually _____

How much money are you sending to your Creditors monthly \$ _____

Are you currently employed Yes/No - If joint application, is co-applicant employed Yes/No

What is your Monthly household Net (take home pay) income \$ _____

Referrer's Name _____ **Company** _____

Phone #: _____

FAX #: _____

eMail: _____

Program: Debt Negotiation

ADDITIONAL NOTES