

# COLLECTION REPORT

Date:\_\_\_\_\_

Account Name:\_\_\_\_\_

Street:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, Zip:\_\_\_\_\_

Account Status:

Current \$\_\_\_\_\_

30 Days \$\_\_\_\_\_

60 Days \$\_\_\_\_\_

90 Days or Over \$\_\_\_\_\_

Total Owing:\$\_\_\_\_\_

Comment or agreement for payment from account:\_\_\_\_\_

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Recommended Action:

- Continue to extend credit
- Stop credit and accept payment plan
- Stop credit and enforce collection

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Credit Department