

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: _____

Recommended Action:

_____ Continue to extend credit

_____ Stop credit and accept payment plan

_____ Stop credit and enforce collection

Credit Department