



CAD Accounts Receivable Mgmt LLC

Accounts Receivable Worksheet

Business Name _____ CAD Sales Rep _____

Decision Maker(s) _____

Phone _____ Email _____

In order to obtain a **Free Quote** and direct you to the correct program we'll need to know more about your business and your specific needs. Please answer the following questions while keeping in mind **we accept accounts up to 2 to 3 years old and down to a minimum balance of \$50.00.**

In addition, the more accounts you need help with, the lower the cost. Once you have filled out the form below simply email or fax it to us.

How many accounts do you need professional help with now that haven't been sent to another agency? _____

What is the average balance on your delinquent accounts? \$ _____ to \$ _____

How many new delinquent accounts would you typically submit to CAD on a monthly basis? _____ to _____

Please list the accounts you need professional help with below and we don't need any names, just the numbers. If you have more than 25 accounts just give us a sample of as many as possible.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

After taking a few minutes to complete this form please email or fax it to us:

Email: support@collectadebt.us

Fax: 800-577-0293