



# Vocational Recovery Solutions

Proven Results through Industry Specific Knowledge

## DEBTOR INFORMATION

Company/Debtor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Principal Owed: \_\_\_\_\_ Last Invoice Date: \_\_\_\_\_  
Interest Owed: \_\_\_\_\_ Last Pmt Date: \_\_\_\_\_

*Additional information that may be faxed:*  
Invoices, Credit Applications, Sales contracts, Purchase Orders, Trade References, Pay History, Copies of Checks

## CLIENT INFORMATION

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

833 E. Arapaho Ste.210 Richardson, TX 75081 Toll Free: 800-707-1244 Fax: 972-546-3777

WWW.VRSCOLLECTS.COM