



Recovery Request

To: **Recovery One** - New Business Department
5100 Parkcenter Avenue
Dublin, Oh 43017
Phone: 614-336-4207
Fax: 614-336-1150
Email: newplacement@recoveryonellc.com
Email (2): fax@recoveryonellc.info

From: _____
Address: _____
City / State / Zip _____
Phone: _____
Fax: _____
Branch #: _____

Please proceed with collection efforts against the following company or individual.

Date Placed: _____
Company Name: _____ _____
Address: _____
City / State / Zip: _____
Contact: _____
Phone: _____
Fax: _____
Notes: _____ _____ _____
Special Instructions: _____ _____ _____
Sensitive Account? Yes / No (please circle)

Amount Due: \$ _____
Interest/Fees:\$ _____
Total Due: \$ _____
Last Invoice Date: _____
Last Sale Date: _____
Reference #: _____