

The Rand Agency, Inc.  
dba Rand Associates  
P.O. Box 907914  
Gainesville, GA 30501



770-534-0947  
800-262-9450  
Fax: 770-534-0910

Send this copy with an itemized statement to us at once.

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

Debtor:

Creditor:

-	•
-	•
-	•

Amount \$ \_\_\_\_\_

You are hereby authorized to endorse in the name of the undersigned, and to negotiate or to deposit in any bank account of yours, any and all checks, drafts, bills of exchange or other orders for the payment of money payable or endorsed to the undersigned which come into your possession by reason of your acting as Collecting Agent for the undersigned and their firm.

Please send additional supply of this form.

In order to expedite the efforts of Rand Associates on your behalf, any of the following information that is available from your credit and collection files will be appreciated.

1. Name and position of the responsible individual(s) \_\_\_\_\_

2. Debtor's business telephone #, with area code \_\_\_\_\_ Fax # \_\_\_\_\_

3. Individual's residence telephone # \_\_\_\_\_

4. Debtor's banking connection \_\_\_\_\_

5. Debtor's business type  Corporation  Partnership  Sole owner

6. Your experience with debtor  Broken promises  NSF checks  Dispute

Out of business  Ignores all demands

7. Enclosures  Statement  Invoices  Correspondence  Guarantees

NSF check(s)  Credit report  Other \_\_\_\_\_

8. Any special circumstances, information or instructions \_\_\_\_\_

Submitted by \_\_\_\_\_  
(person to whom correspondence should be sent)

Title \_\_\_\_\_