



### Debtor Submission Form

**Instructions:** Use this form to submit a debtor for collection when an offline option is needed. You can also submit debtors online at [www.businessmanager.com](http://www.businessmanager.com); click Client Logon. You may submit: 1) BusinessManager invoices charged back by your bank, and 2) invoices not sold to the bank through BusinessManager. Complete and fax this form to **901-435-4880**. Direct your questions to RAB at 800-829-0250, ext. 4826 or e-mail [client@rabinc.com](mailto:client@rabinc.com).

#### Creditor Information

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

Creditor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

#### Debtor Information

Customer code: \_\_\_\_\_ \*Total amount due: \_\_\_\_\_

Commercial

\*Minimum \$25

Company name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Contact name 1: \_\_\_\_\_ Title: \_\_\_\_\_

Contact name 2: \_\_\_\_\_ Title: \_\_\_\_\_

Contact name 3: \_\_\_\_\_ Title: \_\_\_\_\_

Retail

Name: \_\_\_\_\_

First

Middle

Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Comments (additional information to contact the debtor): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Invoice Information

Transaction types: S = sale, FC = finance charge, MF = miscellaneous fee

	Date	Transaction Type	Invoice #	Description	Amt. Paid	Amt. Due
1		<input type="checkbox"/> S <input type="checkbox"/> FC <input type="checkbox"/> MF			\$	\$
2		<input type="checkbox"/> S <input type="checkbox"/> FC <input type="checkbox"/> MF			\$	\$
3		<input type="checkbox"/> S <input type="checkbox"/> FC <input type="checkbox"/> MF			\$	\$
4		<input type="checkbox"/> S <input type="checkbox"/> FC <input type="checkbox"/> MF			\$	\$
5		<input type="checkbox"/> S <input type="checkbox"/> FC <input type="checkbox"/> MF			\$	\$