



INTEGRITY
PROFESSIONAL SOLUTIONS, INC.

2680 HORIZON DRIVE SE, SUITE B-2, GRAND RAPIDS, MICHIGAN 49546
TEL: 616-940-2500 TOLL FREE: 800-940-2501 FAX: 616-940-2512 EMAIL: INFO@IPSMI.COM

Begin collection activity on the following account(s)
Please fill in as much information as you can. PLEASE PRINT CLEARLY!

Debtor Acct # _____ Amount Owed: \$ _____

Last Name (Debtor) First Name MI Date of Birth

Last Name (Spouse) First Name MI Date of Birth

Address

City State Zip Code Phone #

Date of Service Social Security # (Debtor) Social Security # (Spouse) Drivers License #

Employer City Phone #

Description of Debt: _____

Additional Information: _____

Please fill this section out on the first page only

Date account(s) submitted to IPS, Inc.: _____ Balance of accounts sent to collections today: \$ _____

Client: _____ Authorized Agent: _____

Phone: _____ Fax: _____

Please include copies of any checks, contracts, etc that may be helpful to us in collecting these debts.
Confirmation of new accounts entered into our system will come by mail.