

Collection Report

Date:

Account Name _____

Street _____

City _____ State _____ Zip Code _____

Account Status:

Current \$ _____

30 days \$ _____

60 days \$ _____

90 days

or over \$ _____

Total Owing: _____

Comment or agreement for payment from account:

Recommended action:

_____ Continue to extend credit

_____ Stop credit and accept payment plan

_____ Stop credit and enforce collection

Credit Department