



NEW DEBTOR SUBMISSION:

Referring Client/Company: _____

| | | | |
|------------------------------------|-----------------------------|------------------------|---------------------------------|
| Name _____ | | DOB: _____ | SSN: _____ |
| Last, First Middle | | | |
| Primary Address: _____ | | | |
| Secondary Address: _____ | | | |
| Mobile Phone: () - | Home Phone: () - | Email: _____ | |
| Employer: _____ | | | Employer Phone: () - |
| Work Address: _____ | | | |
| Spouse's Name _____ | | | |
| Last, First Middle | | | |

| | |
|--|---|
| Type of Debt: _____ | Principal (\$): _____ |
| <input type="checkbox"/> Consumer/Individual <input type="checkbox"/> Business | Length of Delinquency: _____ (Since Zero Balance) |
| Contracted Interest Rate: _____ | |
| <input type="checkbox"/> I am <input type="checkbox"/> am not agreeable to take accept less than full satisfaction of this debt. | |

I certify that the information provided is correct to the best of my knowledge and that the above referenced debt is valid as of this date ____/____/____. I am authorizing Oklahoma Debt Management to begin immediate collection efforts against the above referenced debtor.

Signed: _____ **Printed Name:** _____