

Transmittal Form

Print this TWO PAGE form (best when printed in GRAYSCALE). Complete the blanks and FAX through to UPB.Com at (425) 944-2977 for immediate response.

Your Business Name:

Business Street Address:

Business City:

Business State:

Business Zip:

Business Phone:

Business Fax:

Business E-Mail:

Business Web Site URL:

Business Contact Name & Title:

DEBTOR INFORMATION...

Full Debtor Name:

Debtor's Street Address:

Debtor's City:

Debtor's State:

Debtor's Zip:

Debtor's Phone:

Debtor's Fax:

Debtor's E-Mail:

Debtor's Web Site URL:

Debtor's Contact Name & Title:

Debtor's Banking Information

Continue Next Column

CLAIM INFORMATION (the more info you provide the better our ability to collect the account)

Amount of Claim (invoice totals only...no finance charges, interest, collection charges, etc.):

\$ _____

Date of First (earliest) Transaction (If contract signed, use the date of execution, otherwise earliest invoice):

___/___/____ (format MM/DD/YYYY)

Date of Last (or only) transaction:

___/___/____ (format MM/DD/YYYY)

Basis of claim (check all that apply):

- Goods sold and delivered
- Services rendered/materials furnished
- NSF check
- Bond claims (Import, Liquor, Construction)
- Insurance Premiums
- Rent (commercial only)
- Rent (residential only)
- Default in equipment lease
- Replevin (provide U.C.C. forms/agreements)
- Monies loaned
- Promissory Notes
- Freight Claims
- Other (specify):

Please identify documents to be faxed with claim

- Invoices
- Proof of Delivery
- Purchase Orders
- Statement of Account
- Credit Applications
- Freight Bills, Proof Of Delivery, etc.
- Copies of Prior Payments
- Banking information
- Demand letters
- Collection Notes
- Debtor memos/letters/whatever
- Anything else you have that might assist us

Comments:

Forwarder's Signature:

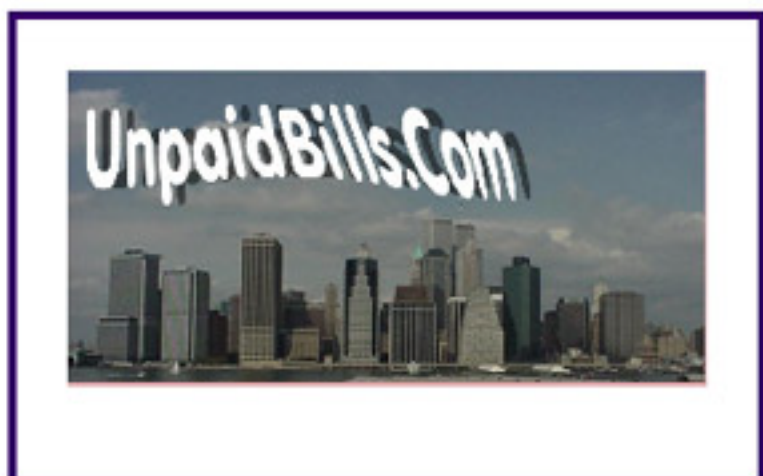
Please print name and title:

Date: _____

Fax to (425) 944-2977. Thank you.

Do not write below this line

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123 Seventh Avenue #250
Brooklyn, NY 11215
(866) 788-0100*



\$\$ Millions \$\$ Collected!
Call (866) 788-0100 (Toll Free)
or Fax Claims to
(425) 944-2977