



PROFESSIONALS

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Incomplete Forms Will Delay Processing.
To Assure Accuracy, Please Type Or Print All Information.
Please Complete All Sections Applicable To This Account.

Client Name: _____ **Referral: First Second Other:** _____

Type of Account: _____ **Mail Returned? Yes No** _____

Name: _____ **SS#:** _____

Address: _____ **Home Telephone: ()** _____

Address: _____ **Work Telephone: ()** _____

City/State/Zip: _____ **Employment:** _____

Borrower Account #: _____ **Principal:** _____

*** Interest Rate:** _____ **Annual % Rate Only** _____ **Interest Amt:** _____
(Mandatory If Next Item Completed)

***Last Date Interest Calculated:** _____ **Collection Costs:** _____
(Mandatory If Interest Rate Supplied) (Leave Blank If Windham To Complete)

Date of Last Payment _____ **Misc. Charges:** _____

Co-Maker: _____ **Reference:** _____

Address: _____ **Address:** _____

City/State/Zip: _____ **City/State/Zip:** _____

SS#: _____ **Telephone: ()** _____

Home Tel: () _____ **Relationship:** _____

Work Tel: () _____ **Reference:** _____

Reference: _____ **Address:** _____

Address: _____ **City/State/Zip** _____

City/State/Zip: _____ **Telephone: ()** _____

Telephone: _____ **Relationship** _____

Relationship: _____

Additional Remarks To Aid In Collection: _____