



## Recovery Request

To: **Recovery One** - New Business Department  
3240 W Henderson Rd  
Columbus, OH 43220  
Phone: 614-336-4207  
Fax: 614-336-1150  
Email: [newplacement@recoveryonellc.com](mailto:newplacement@recoveryonellc.com)

From: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Branch #: \_\_\_\_\_

Please proceed with collection efforts against the following company or individual.

Date Placed: _____
Company Name: _____ _____
Address: _____
City / State / Zip: _____
Contact: _____
Phone: _____
Fax: _____
Notes: _____ _____ _____
Special Instructions: _____ _____ _____
Sensitive Account? Yes / No (please circle)

Amount Due: \$ _____
Interest/Fees:\$ _____
Total Due: \$ _____
Last Invoice Date: _____
Last Sale Date: _____
Reference #: _____