



# Accounts Receivable Worksheet

CAD Accounts Receivable Mgmt LLC

Business Name \_\_\_\_\_ CAD Sales Rep \_\_\_\_\_

Decision Maker(s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

It's a proven fact that our **Fixed Fee Per Account Programs** will recover more money for you than any other collection company in the industry and we get the job done at fees **less than 10%**. With that being said, **it's all about your accounts and knowing your exact need!** In order to get you a **Free Quote** and direct you to the correct program we'll need you to answer the following questions while keeping in mind **we accept accounts up to 2 years old and down to a minimum balance of \$50.00**. In addition, the more accounts you find that you need help with, the lower the fee. Once you have filled out the form below, right click it and then click print to retain a copy for your records. Next simply click "Submit" and the CAD representative you've been speaking with or someone else from our company will get back with you ASAP.

How many accounts do you need professional help with now that haven't been sent to another agency? \_\_\_\_\_

What is the average balance on your delinquent accounts? \$\_\_\_\_\_ to \$\_\_\_\_\_

How many new delinquent accounts would you typically submit to CAD on a monthly basis? \_\_\_\_\_ to \_\_\_\_\_

Please list the accounts you need professional help with below and we don't need any names, just the numbers. If you have more than 25 accounts just give us a sample of as many as possible.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**After taking a few minutes to complete this form please email or fax it to us:**

**Email: [customerservice@cadarm.org](mailto:customerservice@cadarm.org)**

**Fax: 800-577-0293**