

Just fill in the information and we will make a professional, bank-style payment book for you.

When completed, fax this form to: 407-705-2562

If there is an account number you want to associate with this debtor:	Optional (Limit entry to 15 characters, including spaces.)
Name of the creditor:	(To whom should payment checks be made?)
Address of the Creditor:	
City, state and ZIP of the Creditor:	
Phone number of Creditor:	
Who owes you this money:	(Borrower's name)
What is the collateral or contract type:	(Example: 2012 Ford, Lease Agreement, Loan, etc. Describe the debt in less than 30 characters, including spaces.)
What is the regular payment amount:	(The amount of each payment)
What is the final payment amount:	(Sometimes the final payment is different from the regular payment. If not, enter the REGULAR payment.)
If there is an additional fee when payment is late, enter the late fee amount here:	This is the amount of the additional fee when the payment is late. (If your contract calls for a percentage, you must calculate the <u>dollar amount</u> of the late fee and enter it here.)
What is the payment frequency: (Number of payments per year)	<input type="checkbox"/> 52-Weekly <input type="checkbox"/> 26-Biweekly <input type="checkbox"/> 24-Semi-monthly <input type="checkbox"/> 12-Monthly <input type="checkbox"/> 4-Quarterly
How many payments are you anticipating:	(This is the total number of payments described in your payment agreement.)
What is the date the first payment is due:	(This information is on your payment agreement.) Please use date format: 09/10/2012
How many days until the late fee takes effect: (This is the "Grace Period")	This does not take effect unless you specify a late fee amount.

BILLING INFORMATION The information below is for billing purposes only.

Credit Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express				
Credit Card Number:					
Name on Credit Card:					
Billing Address of Credit Card Holder:					
City, State, ZIP of Credit Card Holder:					
Card expiration date:	(Example: 03/13)				
CID (Card Identification Digits):	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> VISA, Mastercard: Three (3) digits on back of card. American Express: Four (4) digits on front of card.				
Daytime phone number of cardholder:					
Your email address:					
Cardholder signature:					

Text with too many characters in any field will be abbreviated or truncated.

Or mail to: Howland International, Inc., 355 Falling Waters Dr. Poinciana FL 34759