



4270 Plainfield Ave NE, Grand Rapids, Mi 49525 p 888.810.DEBT f 616.829.6002

Fax Submission Form To 616.829.6002

(DOWNLOAD SUBMISSION FORMS AT - www.AmericanDebtSolution.net)

Referral Information

company ID: _____
 company name: _____ phone number: _____
 company city/state: _____ / _____ fax number: _____
 referrer Name: _____ email: _____
 ADS REP: _____ Contact: PHONE / E-MAIL (circle one)

Client Information

name(s): _____ day phone: _____
 _____ evening phone: _____
 best time to call: _____ work phone: _____
 _____ email: _____

Deal Summary

unsecured debt: \$ _____
 recent lates?: Y / N (circle one) _____

PAYING DEBT THROUGH LOAN?: Y / N	
If No, Date Denied:	
If Yes, Estimated Closing Date:	

Accounts to be Settled (either required or requested by client)

1		4		7	
2		5		8	
3		6		9	

(Please describe any special circumstances surrounding this file)

Check:

- Sub. Form
- Credit Report
- Debt > \$10,000
- Authorization
- Client Interest

referral script: "We work with a company that could help manage your debt and reduce your payoffs through debt settlement. It appears they could potentially save you quite a bit of money. Would it be alright with you if one of their representatives contacted you to give you more info?"

client consent: ***ADS CANNOT contact your client, nor commence the debt settlement process until verbal authorization from your client has been achieved.***

Does Client know we will be contacting them? yes _____ no _____

DISCLAIMER: The optimal submission time is **the same day you last talked to the referral.**

****PLEASE MAKE SURE YOUR CLIENT IS READY FOR OUR PHONE CALL AND INTERESTED IN OUR SERVICES BEFORE SUBMISSION****

**Fax Submission To:
616-829-6002**

You will receive faxed confirmation of your referral within 24 hours