

Application for Installment Payment

(except Monthly Contributions & Advance Payments)

Applicant:				
Last Name, First Name:			Date of Birth: _	
Street, House Number:		Post Code, City:		
Landline Phone:	Mobile	Phone:		
E-Mail Address:				
Regarding the issue of outstanding debts to (Cor	mpany):			
File Reference Number				
I hereby apply for a monthly installment in the a	amount of		EUR,	
beginning on (Date)	÷			
I am aware that the conclusion of an installment form of a 0,7 settlement fee, according to RVG (0	, ,	•		at my expense, in the
If the installment payment exceeds a term of 2 r enclose, is a prerequisite for the examination an	•		on of current p	roof of income, which I
I describe my income situation as follows:				
Occupation:	Employer	· ·		
I have a monthly net income of		EUR.		
I have dependent persons (Tax C	ategory), respectively		children (specify age).
It is assured that I will duly meet my obligation risk.	to pay in inst	tallments and that the	full settlemen	t of the claim is not at
Please send me a corresponding agreement.				
Place and Date of Issue		Signature of App	olicant	

Registered Collection Service Provider under § 10 Abs. 1 Nr. 1 RDG, § 10 Abs. 1 Nr. 1 KrZwMG - Member of Bundesverband Deutscher Inkassounternehmen (BDIU).