



Attention: Ginny or Trish  
Fax: 800-360-9954

NRA 2491 Paxton Street PO Box 67015, Harrisburg, PA 17106-7015  
Telephone: 800-360-9953 x 2353 Ginny Zinn, Client Service Representative  
X 3052 Trish Moritz, Director Client Services



Landlord Member  
Username: \_\_\_\_\_

**REPORTING & COLLECTIONS ACCOUNT/CLAIM FORM**

Client Number: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant / Guarantor Name	Telephone	Date of Birth	Social Security #:

DATES OF TENANCY(mm/dd/yyyy) \_\_\_\_\_

DATE OF LAST PAYMENT(mm/dd/yyyy) \_\_\_\_\_

TENANT FORWARDING ADDRESS: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**To assist in the collection efforts, please attach the following documentation:**

- Copy of rental applications & any forwarding addresses
- Copy of lease agreement
- Copy of invoice/statement reflecting itemization of charges
- Copy of receipts, invoices, other bills
- Total balance due
- Any information that would aid in the collection of the balance due

ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**- Fax this form and all supporting documentation to (800) 360-9954 -**

# Standard Landlord Order Form



<b>Billing Information:</b>
NAME/COMPANY
ADDRESS
ADDRESS
CITY
STATE, ZIP
PHONE
URL
EMAIL





**PLEASE NOTE--  
Fax Order Form to (888) 732-3842**

**Telephone:**  
(866) 954-2787 or (973) 954-2787

<b>Contact Information:</b> (if different than billing information)
NAME
ADDRESS
CITY
STATE, ZIP
PHONE

## Order Information:

Date	Qty.	Description	Category	Price	TOTAL
		Collections / Credit Bureau Reporting	Standard Landlord	\$25.00	
Credit Reporting / Collections Placement-- Tenant Name(s):				ORDER TOTAL	
Property Address:.					

<p><b>Method of Payment:</b>    </p> <p><input type="checkbox"/> Check or Money Order* / <input type="checkbox"/> Visa / <input type="checkbox"/> MasterCard / <input type="checkbox"/> Discover / <input type="checkbox"/> American Express</p> <p>*Please make check or money order payable to: GARDEN STATE APARTMENTS, LLC.</p>
CREDIT CARD NO.
EXPIRATION DATE
NAME ON CARD
CARDHOLDER'S SIGNATURE

*Signator understands policy & limited warranty*

Auto-renewal  Sign up for Newsletter & Promotions

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