

ASSOCIATED REPORTING SYSTEMS, INC.  
d.b.a.  
**NORTHEAST ADJUSTMENT BUREAU**  
24 River St  
Winchester, MA. 01890  
phone(781)721-3300 fax(877)622-6311

Date: \_\_\_\_\_ Assigned By: \_\_\_\_\_

Client: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext \_\_\_\_\_

DEBTOR: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dept/Ext: \_\_\_\_\_

VEHICLE: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_

Color: \_\_\_\_\_ Plate: \_\_\_\_\_ Key Codes: \_\_\_\_\_

VIN# \_\_\_\_\_

Delq: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Payoff: \_\_\_\_\_

Contract Date: \_\_\_\_\_ Last Payment: \_\_\_\_\_

COMAKER: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIVE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Delivery Point: \_\_\_\_\_

Additional Information: