

AMERICAN CREDIT SYSTEMS, INC.

400 WEST LAKE STREET
SUITE 111
P.O. BOX 72849
ROSELLE, ILLINOIS 60172-0849

Telephone (630) 980-5500
FAX (630) 980-8642

Dear Valued Client,

Great news...

After 35 years of running our company, effective December 8, 2023, Mitch and I have decided to merge with the amazing team at Summit A*R, a well-respected collection agency also located in the Midwest that has been helping clients just like you for over 27 years. You can check them out at www.summitcollects.com

We are both excited to be a part of their team because they share our core values and are fully committed to continuing to provide the same level of service to you just as we have in the past. **The great news is nothing will change.... things will only get better.** Mitch and I will continue to be involved with your accounts along with their friendly and helpful team. Summit A*R is able to bring many other benefits to you that we wanted to provide but were not able to offer...

Benefits to you

- Credit reporting for both commercial and consumer accounts
- Secure online portal access allowing you to check on status of accounts, report payments or submit new accounts 24/7
- Monthly emailed status and remit reports
- Custom reporting capabilities
- Nationwide collection capabilities
- Remittance via ACH
- Higher liquidation rates

If you haven't already, you should be hearing from Mitch or myself shortly. In the meantime, we would invite your call or email to discuss any questions you may have.

In order to ensure a smooth transition, we're asking you to complete the attached form (NCIF) and then return it to us at ACS@summitcollects.com or via fax at 888.822.7511.

Regards,



Bob and Mitch

Co-Owners, American Credit Systems, Inc.

Phone #630-980-5500, or email:

Bob rgilhooly@american-credit.com

Mitch mhallett@american-credit.com



PO BOX 131
CHAMPLIN MN 55316

SUMMIT ACCOUNT RESOLUTION
PHONE. 763.712.3700
TOLL-FREE. 888.212.2021
FAX. 888 822 7511

NEW CLIENT INFORMATION

Date _____

Organization's Name _____

Address _____

City _____ State [state] _____ Zip Code _____

Tax ID # _____

Your main Customer Service Phone Number _____

(We will only give out this phone number when we feel it will assist in the recovery process.)

Is this your organization's name and address you would like us to mail checks to?

Yes No (if no, please clarify in Special Instructions below)

Contact Information for the Person In Charge of Collections _____

Email _____

Cell Phone _____

Secondary Contact Information _____

Email _____

Cell Phone _____

Do you wish for us to email reports to you or have the reports available for you to view on our secure online portal?

Email Portal (please check one)

If Summit deems it appropriate, do you wish to have the accounts that you place with our agency reported to the credit bureaus?

Yes No (please check one)

Special Instructions _____

Please do not hesitate to contact us with any questions that you may have. We're here to help! 888-212-2021

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