

FILE NUMBER: 05 003 627 621 CORRO ID: IWVICC8NO5

SUBMISSION COMPLETED

Thank you for contacting us.

If you would like to provide us with additional documentation in the future, please print and attach this cover sheet when faxing and/or mailing to CCS.

- Fax to: (617) 658-5710
- Mail to: CCS, PO BOX 607 NORWOOD, MA 02062

Consumer Name: KARLA MUNOZ

SUMMARY SELECTED

I ALREADY PAID THIS ACCOUNT IN FULL

Instructions: Do you have a copy of any of the documents referenced below?

Please note that the following will assist in resolving this matter:

- Credit card / bank statement
- Front and back copy of the check
- Confirmation letter
- Receipt from the insurance company

Date you paid the amount in full:

04/21/2023

Uploaded files:

progressive1.png

progressive2.pdf

Submitted on: 04/21/2023 00:21 - Request ID: IWVICC8NO5

This is an attempt to collect a debt and any information obtained will be used for that purpose.
This communication is from a debt collector.