

Debt Protection Supply Requisition

INDICATE ITEMS NEEDED AND FAX TO CSO AT 1-888-453-5126
EMAIL YOUR REQUEST TO CSOSupplies@cso.com

DATE: _____ ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

ATTN: _____

STREET ADDRESS: _____

CITY & STATE: _____ ZIP CODE: _____

PHONE # _____

NUMBER OF KITS: _____

FORM NO.	DPP NO. (if applicable)	NAME OF FORM OR DESCRIPTION	QUANTITY REQUESTED
		Addendum	
456B		Report of Involuntary Unemployment Form	
459B		Report of Disability Form	
460B		Report of Death Form	
675B		Batch Summary Form	
362B		Hotline Account Reference	
E-189		Benefits Envelope	
E-197		New Business P.O. Box Envelope	
222C (4-11)		DPP 067 V1, DPP 068 V1 Brochure	
243C (4-11)		DPP 066 V1 Brochure	
246C (4-11)		DPP 069 V1 Brochure	
245C		Supply Requisition	
Debt Cancellation Administration:		Completed By: _____	
		Date Shipped: _____	
		Quality Checked By: _____	