Interbill
Electronic Billing Services

FILE INFORMATION FORM

FOR ASSISTANCE CALL: (800) 733-9933

LATE PAYMENT CHARGE
Print the annual percentage here ____ %

MO.	DA.	YR.	FIRM #	SORT #	OPEN	CHANGE	FILE #	AREA CODE	TELEPHONE #

MUST CHECK ONE AND ONLY ONE

- ☐ R = REGULAR FILE
- ☐ C = CONTINGENCY FILE
- ☐ B = BAD DEBT FILE
- ☐ D = DEFERRED PAYMENT FILE
- ☐ N = NON CHARGEABLE FILE
- ☐ F = FLAT FEE FILE

CLIENT NAME AND ADDRESS (40 CHARACTERS & SPACES PER LINE)

1.
2.
3.
4.
5.

OPEN FILE FLAT FEE CHARGE
$ _____ .__

INITIAL FILE PAYMENT $ _____ . __ PAYMENT CODE ___ **WARNING: IF YOU POST THE PAYMENT HERE DO NOT POST IT ON YOUR LOG !**

Hourly Rates For Timekeeper Numbers

Range 1 TK # 01-20	$ ___	.00
Range 2 TK # 21-49	$ ___	.00
Range 3 TK # 70-99	$ ___	.00

FILE DESCRIPTION (Use separate box for each letter, space, punctuation)
PRINT CLIENT'S SURNAME OR BUSINESS NAME FIRST

File Rates Code (Matrix Rate) ___ (01-15)

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