



DEBT RECOVERY INSTRUCTION

Date _____

Company Name _____

Contact Name _____ Phone _____

DEBTOR INFORMATION

Name(s) _____ Surname _____

Date of Birth _____ Please tick Male Female

Trading As _____

Last Known Physical Address(es) _____
(list most recent address first if more than one available)

Last Known Postal Address(es) _____

Last Known Phone _____ Last Known Mobile _____

Last Known Work Phone _____ Last Known Fax _____

Website _____ Email _____

Vehicle Information - Make/Model _____

Registration _____ Colour _____

Other Details _____

NEXT OF KIN INFORMATION

Name(s) _____ Surname _____

Please tick Male Female Employer _____

Last Known Address(es) _____
(list most recent address first if more than one available)

Amount of Debt _____ Date of Debt _____

Proof of Debt: Invoice Correspondence Terms of Trade Credit Application

Debt Description _____

If no specific instructions are indicated below, the client acknowledges that AUSCML will take the most appropriate action with the information provided. The Client appoints AUSCML to carry out its instructions in relation to recovery of this debt in accordance with their standard Terms and Conditions of Services and charges therein.

Debt Recovery Trace Action Default Only Repossession Document Service

Authorised by (signature) _____ Print Name _____