



## DEBT LOAD FORM – AUTHORITY TO ACT

### THE COMPANY

Your Company Name \_\_\_\_\_ Recoverable Costs Y | N

### THE DEBT

Product or service provided \_\_\_\_\_

Amount Owed \$ \_\_\_\_\_ Your Reference # \_\_\_\_\_

Additional Info \_\_\_\_\_

### THE DEBTOR

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_ Title \_\_\_\_\_

Limited Company and/or T/A \_\_\_\_\_

Physical Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature (signed by or on behalf of client) X \_\_\_\_\_

Date \_\_\_\_\_

Please enclose all relevant invoices and documentation relating to this debt and fax or email directly to Central Collections.