

**DEBT COLLECTION INSTRUCTION MEMO**

**Instructions – What to do?**

To commence the collection procedure, simply fill out this memo with the relevant details and forward the completed form to Prime Collections by fax to **1300 635 039**. Alternatively, you may submit your job to us via email, please email your form to [jpestano@primecollections.com.au](mailto:jpestano@primecollections.com.au).

**Instructions to Prime Collections:** Please undertake collection action against the debtor specified on this form for the debt described.

**We (The Client) understand that such collection action will be undertaken by Prime Collections on the basis of the terms and conditions specified in the current agreement between the client and Prime Collections.**

**DEBTOR DETAILS:**

**Name of debtor (full legal entity):** ..... **ABN:** .....

**Trading Address:** .....

**Suburb:** ..... **State:** ..... **Postcode:** .....

**Phone (Wk):** ..... **(Fax):** ..... **(Mobile):** .....

**Jobsite address or Alternate Details:** .....

**Your Account No. or Ref No:** ..... **Contact Name:** .....

**Date of Debt:** .....

**Amount of Debt: \$**.....

**Type of Debt:** Tick the appropriate box

Dishonoured Cheque

Services

Goods sold

Other.....

Collection Costs: \$.....

Other Costs: \$.....

**Total to be recovered: \$**.....

**IS DEBTOR TRADING AS:** Tick the appropriate box

Individual

Business (name registered/unregistered)

Company

Not known

**DO YOU HAVE?** Tick the appropriate box

Purchase Orders?

Signed Work Dockets?

Director's Guarantee?

Tax Invoices?

Signed Quotations, Other, Please Specify?

.....

**COMMENCE WITH:** Tick appropriate box

Rapid Debt Recovery

Standard Debt Recovery

Legal Proceedings

Field Call

**TAX INVOICES:**

Attached – Number of Pages? .....

To follow – Number of Pages?.....

**CLIENT DETAILS - I state the above information is true and correct to the best of my knowledge**

**Name of firm (full legal entity):** ..... **ABN:** .....

**Contact Name:** ..... **Email Address:** .....

**Trading Address:** .....

**Suburb:** ..... **State:** ..... **Postcode:** .....

**Phone (Wk):** ..... **(Fax):** ..... **(Mobile):** .....

**Please Sign:** ..... **Print Name:** ..... **Date:** .....

**Please fax this form to: 1300 635 039 or Email [jpestano@primecollections.com.au](mailto:jpestano@primecollections.com.au)**