



Australian Debt Recoveries

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COLLECTION ACCOUNT REFERRAL FORM

CLIENT DETAILS

Client Name: _____
Client Contact: _____ Client Tel: _____
Date: _____

DEBTOR DETAILS

Debtor Name: _____
Client Ref: _____ ABN: _____
Contact Name: _____ Title: _____
(Co/Business)
Street Address: _____
City: _____ State: _____ Postcode: _____
Telephone: _____ Facsimile: _____
Mobile Tel: _____ Email: _____
Amount Due: _____ Date of Debt: _____

Cause of Action:

(e.g. goods sold & delivered, work and labour done, etc..)

Specific Instructions:

(e.g. specify where a particular course of action is preferred, such as immediate legal – if desired)

Account documentation available YES NO