

# THE DEBT RECOVERY EXPERTS

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### Information About You

Company / Business Name:  \*

ACN No:

ABN No:

Postal Address:

Business Address:

Legal Address:

Contact 1:

Contact 2:

Facsimile:

Telephone: \*

### Authorisation 1

I, THE UNDERSIGNED, APPOINT DEBT COLLECTION HELP TO ACT AS OUR AUTHORISED AGENT TO COLLECT ACCOUNTS AND INSTRUCT THEIR SOLICITORS WHERE LEGAL ACTION IS REQUIRED. AUTHORITY IS ALWAYS OBTAINED BEFORE ANY LEGAL ACTION IS TAKEN AS THERE ARE COSTS INVOLVED.

I AGREE WITH THE [TERMS AND CONDITIONS](#) AND [PRICE SCHEDULE](#).

I Agree to Authorisation 1:  \*

### Authorisation 2

I FURTHER AGREE TO INFORM DEBT COLLECTION HELP REGARDING ANY DIRECT PAYMENTS AND ALLOW COMMISSION AND OTHER CHARGES TO BE DEDUCTED FROM ANY MONIES HELD IN DEBT COLLECTION HELP TRUST ACCOUNT ON OUR BEHALF. I AGREE THAT SHOULD THE ACCOUNT FOR COLLECTION BE SETTLED IN ANYWAY AFTER THE ACCOUNT HAS BEEN GIVEN TO DEBT COLLECTION HELP FOR COLLECTION THAT THE COMMISSION AS PER THE SCALE WILL BE CHARGED.

I Agree to Authorisation 2:  \*

Signed (please enter your email address): \*

Title Held:

Full Name: \*

Date: