Corporate Debt Recovery

Instruction request

Your Details

Name: _____

Position: _____

Company: _____

Phone number: _____

Email: _____

Debtor Details

Debtor type: Sole trader ☐ Partnership ☐ Company ☐

Contact name: _____

Position: _____

Company: _____

Address: _____

_____

_____

Company registration number (if known): _____

Phone number: _____

Email: _____

Web site: _____

The Debt

Amount: _____

Your payment terms: Immediately ☐ Net monthly ☐

30 days from invoice ☐ Month end following month of invoice ☐

Are you claiming interest? Yes ☐ No ☐

If yes: ☐ Your terms ☐ The late payment of Commercial Debts (Interest) Act 1998

☐ Other, please specify _____

Please enclose:

1. **a copy of your latest statement of account**
2. **terms and conditions**