

VIC COLLECT

COLLECTION FORM

Date:

Your Business/Company Name:

Contact:

Your Ref:

DETAILS OF DEBTOR:

Sole Trader Partnership Proprietary Company Trust Other

Trading Name:

Company/Individual Name:

Postal Address:

B/H Telephone: () _____ Mobile: () _____

ABN: _____ ACN: _____

E-Mail: _____

Amount Owing: \$ _____ Dates Incurred: _____

Details of Services or Goods Provided: _____

Has the debtor ever disputed payment of the debt: Yes / No

If Yes, please advise details: _____

Please attach copies of Statement, Invoices and Credit Application (if applicable).

Please email this form to admin@viccollect.com.au to enable debt collection on this debtor.

Debt Collection and Credit Management Specialists

0493 598 587 - debts@viccollect.com.au

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