

# VIC COLLECT

## CREDIT CHECK FORM

Date:

Vic Collect Client Name:

\_\_\_\_\_ (“the Supplier”)

### DETAILS OF CUSTOMER YOU WISH TO PERFORM A CREDIT CHECK ON

Customer Company/Business/Individual Name:

\_\_\_\_\_ (“the Customer”)

ABN: \_\_\_\_\_ ACN: \_\_\_\_\_

### **Privacy Disclosure and Consent Authority.**

The Customer hereby authorises the Supplier and/or its collection agents to:

- (a) obtain credit information about the Customer’s commercial credit worthiness from any credit reporting agency to assess the Customer’s financial credit position;
- (b) use, disclose or exchange with the Supplier’s solicitors or collection agents, information about the Customer’s credit arrangements in order to assess the Customer for credit approval, monitor credit worthiness and collect overdue accounts; and
- (c) disclose the contents of any credit report on the Customer to the Supplier, and any of their solicitors and collection agents.

To be signed by the Customer.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Position (Director/Proprietor) \_\_\_\_\_

Please email this form to [admin@viccollect.com.au](mailto:admin@viccollect.com.au) to enable a credit check.

***Debt Collection and Credit Management Specialists***

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