

phone **0800 433 287** fax **0800 433 900** PO Box 12742, Chartwell, Hamilton 3248 http://centralcollections.co.nz accounts@centralcollections.co.nz

## **DEBT LOAD FORM - AUTHORITY TO ACT**

THE DEBT Product or service provided	THE COMPANY		
Product or service provided  Amount Owed \$ Your Reference #  Additional Info  THE DEBTOR  Surname Forename(s) Title  Limited Company and/or T/A  Physical Address  Postal Address  Home Phone Work Mobile  E-mail Address  Employer Occupation  Date of Birth  Signature (signed by or on behalf of client) X	Your Company Name		Recoverable Costs Y   N
Amount Owed \$ Your Reference # Additional Info	THE DEBT		
THE DEBTOR  Surname Forename(s) Title  Limited Company and/or T/A  Physical Address  Postal Address  Home Phone Work Mobile  E-mail Address  Employer Occupation  Date of Birth  Signature (signed by or on behalf of client) X	Product or service provided		
THE DEBTOR  Surname Forename(s) Title  Limited Company and/or T/A  Physical Address	Amount Owed \$		
THE DEBTOR  Surname Forename(s) Title Physical Address Postal Address Home Phone Work Mobile E-mail Address Employer Occupation Date of Birth  Signature (signed by or on behalf of client) X			
Surname Forename(s) Title  Limited Company and/or T/A  Physical Address  Postal Address  Home Phone Work Mobile  E-mail Address  Employer Occupation  Date of Birth  Signature (signed by or on behalf of client) X			
Limited Company and/or T/A	THE DEBTOR		
Physical Address Postal Address Home Phone Work Mobile E-mail Address Employer Occupation Date of Birth  Signature (signed by or on behalf of client) X	Surname	Forename(s)	Title
Postal Address  Home Phone	Limited Company and/or T/	Α	
Home Phone Work Mobile  E-mail Address Occupation  Date of Birth Signature (signed by or on behalf of client) X	Physical Address		
E-mail Address  Employer Occupation  Date of Birth  Signature (signed by or on behalf of client) X	Postal Address		
Employer Occupation  Date of Birth  Signature (signed by or on behalf of client) X	Home Phone	Work	Mobile
Date of Birth  Signature (signed by or on behalf of client) X	E-mail Address		
Signature (signed by or on behalf of client) X	Employer	Occup	pation
	Date of Birth		
Date	Signature (signed by or on b	ehalf of client) X	
	Date		

Please enclose all relevant invoices and documentation relating to this debt and fax or email directly to Central Collections.