



# CREDITCOM

DEBT RECOVERY SOLUTIONS

ABN 87 679 667 495

## DEBTOR DETAILS

**Please Complete and Return along with Client Agreement via your chosen method:**

**FAX:** 07 3822 6297, **EMAIL:** info@creditcom.com.au, **or POST:** PO Box 1627, Capalaba BC Qld 4157

**Please include copies of the following documents pertaining to each Debtor**

1. Copies of all outstanding Tax Invoices.
2. Current Statement.
3. Copies of any contract(s), credit applications or relevant correspondence.

*\* Make copies of this page as needed where more than 2 Debtors are being lodged.*

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### DEBTOR DETAILS

Company / Business / Entity Name: \_\_\_\_\_

Contact Name: (please print): \_\_\_\_\_ Position / Title: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Additional Details / Comments: \_\_\_\_\_

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