

DEBT COLLECTION REQUEST

Your Company/Business Name:

Contact Person:

Phone: Fax:

Email: Date/...../.....

Full Legal Name of Debtor:

ACN/ABN:

Street Address

Postal Address (if different to street).....

Phone: Mobile: Fax:.....

Email (if known)

Amount of Debt: (AUD) \$

What was the debt for & what date was it incurred :

.....

Other Relevant Information:

.....

Full Legal Name of Debtor:

ACN/ABN:

Street Address

Postal Address (if different to street).....

Phone: Mobile: Fax:.....

Email (if known)

Amount of Debt: (AUD) \$

What was the debt for & what date was it incurred :

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Other Relevant Information:

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Please fax the completed request to Nexus on (07) 3422 1611 or scan and email the form to enquiries@nexuscollect.com.au

Don't forget you can also lodge your requests online at www.nexuscollect.com.au