



Debt Collection Request

This form is only for the use of clients who are already registered with Nexus Collections.

Client Details

Name of firm (full legal entity)

Contact name Email address

Telephone number () Facsimile number ()

Debtor Details

Date of request

Name of debtor (full legal entity)

A.C.N. A.B.N.

Telephone number (B/H) () Facsimile number ()

Telephone number (A/H) () Mobile number

Trading Address

Suburb State Postcode

Total Amount of debt \$ Date of debt

Cause of Action

Tick the appropriate box

- Good & Sold & delivered Services rendered Work & labour done
 Dishonoured cheque Other, Please specify

Please Fax this form to: (07) 3112 4173 or Email to: info@nexuscollect.com.au