

DEBT RECOVERY AUTHORITY FORM

The Client appoints Asseto Credit Management Limited (Asseto) to collect the debt(s) detailed below.

DEBTOR DETAILS

Individual's Details (including Guarantors):

Title:..... First Name(s):..... Surname:.....

Date of Birth:..... Occupation:..... Employer:.....

Title:..... First Name(s):..... Surname:.....

Date of Birth:..... Occupation:..... Employer:.....

Company or Sole Trader Details:

Limited Company and/or Trading as:..... Company Reg. No:.....

Contact Name:..... Relationship to Company:.....

Debtor Contact Details:

DEBTOR 1:

Physical Address:.....

Postal Address (if different from above):.....

Home Ph No:..... Work Ph No:..... Mobile:..... Fax:.....

DEBTOR 2:

Physical Address:.....

Postal Address (if different from above):.....

Home Ph No:..... Work Ph No:..... Mobile:..... Fax:.....

Debt Details:

Work done / Goods Supplied/ Loan /Other (Please attach appropriate documentation):.....

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..... Your Ref:.....

Amount Owing: \$..... Date incurred:..... Disputed Y / N

Does your documentation allow for collection costs to be recovered? Y / N

CLIENT CONTACT DETAILS

Name:..... Position:..... Asseto Client No:.....

Phone:..... Fax:..... Mobile:.....

The Client appoints Asseto to carry out its/her/his instructions in relation to the above debt(s) and agrees to pay Asseto it's usual commissions, fees, disbursements and GST as per Asseto's Pricing Schedule. The client acknowledges that it/she/he has read and understood Asseto's Terms of Collection.

Clients Signature (signed on or behalf of):..... Date:.....