

# Account Recovery Services Debt Collection Instruction Pro-forma

## INSTRUCTING COMPANY OR INDIVIDUAL

Name	Contact Name
Address	Ref
	Telephone
	Fax
Post Code	Email

## CUSTOMER/DEBTOR

Name	Home Tel
Address	Work Tel
	Mobile Tel
	Email
Post Code	

## DETAILS OF TOTAL DEBT DUE

Invoice Date:	
Invoice Due Date:	
Invoice Amount:	
Invoice Amount Outstanding:	
Copy Invoice Attached:	YES/NO
<b>If a copy of the invoice is not attached it is important that we receive this as soon as possible with any terms and conditions attached</b>	

## ADDITIONAL INFORMATION

Please include details of any calls, visits, disputes, third party involved or other relevant details. Continue on a separate sheet if necessary
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I authorise Account Recovery Services to contact the above customer in relation to the recovery of the above detailed debt. I accept Account Recovery Services Terms & Conditions and attach a signed copy.

Signed ..... Date .....

**PLEASE E-MAIL A SIGNED COPY OF THIS AGREEMENT TO: [jane@account-rec.com](mailto:jane@account-rec.com)  
OR FAX TO 0121 711 7744**