



DEBT REFERRAL FORM

YOUR BUSINESS/COMPANY DETAILS

Company Name	
Contact Name	
Date	

DEBTOR DETAILS

Company Name			
Trading Name			
Physical Address			
Postal Address (as above if not different)			
ABN or ACN		Debtor Contact Name	
Phone Numbers	Mobile:	W:	H:
Email Address/es			
Amount Outstanding (send copies of all invoices outstanding)	\$ _____	Any disputes to invoices? (circle one)	Yes, please advise NO
Your Terms of Payment	Pay as You Go	7 Days	14 Days
Details of Debt <input type="radio"/> Goods sold and delivered <input type="radio"/> Services rendered <input type="radio"/> Hire of Goods <input type="radio"/> Work and Labour Done <input type="radio"/> Dishonoured Cheque <input type="radio"/> Other (please specify) _____			
Credit Application signed (if yes provide a copy)	<input type="radio"/> Yes <input checked="" type="radio"/> No	Guarantee Held (if yes, provide a copy)	<input type="radio"/> Yes <input checked="" type="radio"/> No
General Comments and any other information you think maybe helpful:			
ACTION REQUIRED	<input type="radio"/> Ozwide Letter of Demand <input type="radio"/> Solicitors Letter of Demand <input type="radio"/> Telephone Demand <input type="radio"/> Field Call <input type="radio"/> Legal Action <input type="radio"/> Small Claims <input type="radio"/> Magistrates Court		
Name:		Date:	
Signed:			