



Business Recovery Managers

AFM (QLD) PTY LTD
ACN 069 757 044

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Account for Collection

1. Debtor Details

Name of Debtor _____

Street Address _____ PC _____

Postal Address (if different) _____ PC _____

Type of Business _____

Contact Name _____ Position _____

Phone Numbers Business _____ Home _____ Mobile _____

Facsimile Number _____

2. Debtor Classification –

- Individual or sole trader
- Partnership
- Registered business RBN _____
- Company ACN _____

3. Details of the Debt

Amount owed \$ _____

The date of the oldest unpaid transaction is ___/___/___ and the most recent is ___/___/___

The debt is owing for -

- goods supplied
- services rendered
- materials and labour supplied
- dishonoured cheque (provide a copy of both sides of the cheque)
- other (provide details) _____

4. Terms of Trade

If you have documentation which provides for interest, debt collection, legal costs and other costs to be added to the account please provide a copy of the signed document. If not, would you like AFM to discuss writing such documentation for your business? Yes No (pleasetick)

5. Client Details-

Client Name _____

Signed _____ Date ___/___/___