

New Debt Instruction Form



Your Company:

Trading name (if different)

Your Address:

Post Code

This completed form can either be faxed or posted to us, together with copies of any unpaid debtor invoices or your own statement of debt. If you need to please use a separate sheet for further details;

Legal Recoveries & Collections Limited
 10 George Street
 Nottingham
 NG1 3BE

Tel: 0115 911 1530

Fax: 0115 911 1541

Please note we will apply a £75 (plus VAT) account set up fee if there are fewer than 5 debt collection cases in your first instruction.

Your Contact Name:

Telephone:

Email Address:

Fax:

Please fill in your bank details below, so we can do a BACS payment straight into your account once we have recovered any funds.

Name of your Bank

Your Bank Account no:

Your Bank address:

Bank Sort code:

| | |
|---------------|-----------------------------------|
| Debtors Name: | Debtors trading name if different |
|---------------|-----------------------------------|

Debtors Full Contact Name & Company/ Private Address (Registered Office Address If Known) eg A Smith Ltd or Mr A Smith trading as A Smith

Tel no: _____ Fax no: _____

Mobile no: _____

Type Of Debtor (Please Tick) :

| | |
|--------------------|--------------------------|
| PLC | <input type="checkbox"/> |
| LTD | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Sole Trader | <input type="checkbox"/> |
| Private Individual | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

NB If a sole trader or partnership, please supply details of other partners or proprietor's name & address

Debtors email address: _____

Debtors date of birth _____

NB Where possible, LRC process legal claims through the CPC (Claims Production Centre), To save time and money. A debtor's DOB is required for this service

Nature Of Claim _____
 (e.g. Services, Rent Arrears, Goods, Hire Charges, Monies Lent, Dishonoured Cheque, salary overpayments)

Payment Terms _____

(Your Payment Terms (If Any) Relating To The Payment Of The Debt e.g. 7, 14, 28, 30, 60, 90 Days)

Please provide a written statement, copies of unpaid invoices, or complete the following details:

| Invoice Date | Invoice Number | £ Value | Date Due |
|--------------|----------------|---------|----------|
| | | | |
| | | | |

Do you wish LRC to claim interest on this debt? Yes No

Do you have your own contractual interest? * Yes No

*If yes, please specify your terms & conditions on a separate page. If no, where applicable, LRC will seek to recover interest under the late Payments Act

Thank you for instructing us