

New Debt Instruction Form



PLEASE ENSURE YOU FULLY COMPLETE THE DETAILS BELOW SO THERE IS NO DELAY IN SETTING UP YOUR FILE

Company/business name:	Company/business name:
Trading name (if different):	This completed form can either be faxed or posted to us, together with copies of any unpaid debtor invoices or your account statement of debt. Please return to: Legal Recoveries & Collections Limited LRC House, Huntingdon Court 1 Fulforth Street Nottingham NG1 3BF Tel: 0844 858 8999 Fax: 0844 858 9001 Please note we will apply a £99 (plus VAT) account set up fee if there are fewer than 10 debt collection cases in your first instruction.
Your address: Post code:	
Your contact name:	Telephone:
Email address:	Fax:

PLEASE FILL IN YOUR BANK ACCOUNT DETAILS BELOW SO WE CAN REMIT PAYMENT TO YOU BY BACS STRAIGHT INTO YOUR ACCOUNT ONCE FUNDS ARE RECOVERED FROM THE DEBTOR

Name of your bank:	Account name:
Bank address: Post code:	Sort code:
	Account number:

INTEREST (PLEASE TICK)	YES	NO
Do you have your own contractual interest? *	<input type="checkbox"/>	<input type="checkbox"/>
* If yes, please provide a copy of your terms and conditions. If no, where applicable, LRC will seek to recover monies under the Late Payments Act.		

PLEASE REVIEW THE FOLLOWING COLLECTION STRATEGIES AND STATE YOUR PREFERENCE AS TO WHICH YOU WOULD PREFER US TO ACTION. LRC WILL ADVISE YOU FURTHER AFTER INSTRUCTION AND WE CAN USE MORE THAN ONE STRATEGY IF THERE ARE VARYING REQUIREMENTS FROM CASE TO CASE:

1.	Letter Before Action (LBA) à Immediate Legal Action	<input type="checkbox"/>
2.	LBA à Collections Only	<input type="checkbox"/>
3.	LBA à Collections à Possible Legal Action (depending on debtor circumstances)	<input type="checkbox"/>

ONLINE DEBT MANAGER SYSTEM

Once you instruct LRC, we will issue you with a username and password so that you can access our fully interactive Online Debt Manager System which is available 24/7: 365. The system will provide you with full information on your debt cases including correspondence, payments, costs and status. There is also a suite of management reports available at any time.

Please visit <http://www.legalrecoveries.com/online-manager-demo.asp> for a demonstration.

THANK YOU FOR INSTRUCTING LRC TO BE YOUR NEW DEBT RECOVERY SUPPLIER

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For money laundering purposes LRC are required by law to verify the identity of your organisation.

The information that we will need you to confirm is set out below and is dependant upon your trading status.

COMPANY/LLP

Please provide details of the following:

1. Your organisation's full name as it appears on the certificate of incorporation.
2. Your organisation's registration number and registered office address.
3. Your trading name, if this differs from the registered name.
4. Your trading address, if this is different from your registered office address.
5. If your trading address is different from your registered office address, please provide a copy of a recent utility bill showing the trading address and the organisation's name.

FIRM/PARTNERSHIP

Please provide details of the following:

1. Business letterhead showing your business trading name and address.
2. A copy of a recent utility bill addressed to the business.

We also require personal information for at least 2 partners of the business as follows:

3. Full name and residential address of partner.
4. A copy of a utility bill which verifies partners residential address.

SOLE TRADER

Please provide details of the following:

1. Business letterhead showing your business trading name and address.
2. A copy of a recent utility bill addressed to the business.

We also require 2 separate forms of identification in order to comply with the requirements of the law:

3. Documentary evidence of your personal identity, e.g. passport/photo driving licence.
4. Documentary evidence of your home address e.g. copy of a recent utility bill or council tax demand

Other than sending out the initial Letter Before Action to your debtor(s), we cannot undertake any work for you until we have the required information so please ensure you return this to us as soon as possible. If you are having difficulties in obtaining this information, please let us know.

THANK YOU FOR INSTRUCTING LRC TO BE YOUR NEW DEBT RECOVERY SUPPLIER

New Instruction

Full Company Name/Full Debtor Name:	DOB (if known): / /
Contact Name (if Ltd/Plc)/Full Trading Name (if Sole Trader/Partnership):	
Legal entity (please tick): Ltd <input type="checkbox"/> Plc <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>	
Address: _____ Postcode: _____	
Landline number: _____ Mobile number: _____ Fax: _____	
Email address: _____	
Invoice/Statement Attached (please delete as appropriate): YES / NO Amount outstanding: £	
Full Company Name/Full Debtor Name:	DOB (if known): / /
Contact Name (if Ltd/Plc)/Full Trading Name (if Sole Trader/Partnership):	
Legal entity (please tick): Ltd <input type="checkbox"/> Plc <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>	
Address: _____ Postcode: _____	
Landline number: _____ Mobile number: _____ Fax: _____	
Email address: _____	
Invoice/Statement Attached (please delete as appropriate): YES / NO Amount outstanding: £	
Full Company Name/Full Debtor Name:	DOB (if known): / /
Contact Name (if Ltd/Plc)/Full Trading Name (if Sole Trader/Partnership):	
Legal entity (please tick): Ltd <input type="checkbox"/> Plc <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>	
Address: _____ Postcode: _____	
Landline number: _____ Mobile number: _____ Fax: _____	
Email address: _____	
Invoice/Statement Attached (please delete as appropriate): YES / NO Amount outstanding: £	
Full Company Name/Full Debtor Name:	DOB (if known): / /
Contact Name (if Ltd/Plc)/Full Trading Name (if Sole Trader/Partnership):	
Legal entity (please tick): Ltd <input type="checkbox"/> Plc <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>	
Address: _____ Postcode: _____	
Landline number: _____ Mobile number: _____ Fax: _____	
Email address: _____	
Invoice/Statement Attached (please delete as appropriate): YES / NO Amount outstanding: £	
Full Company Name/Full Debtor Name:	DOB (if known): / /
Contact Name (if Ltd/Plc)/Full Trading Name (if Sole Trader/Partnership):	
Legal entity (please tick): Ltd <input type="checkbox"/> Plc <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>	
Address: _____ Postcode: _____	
Landline number: _____ Mobile number: _____ Fax: _____	
Email address: _____	
Invoice/Statement Attached (please delete as appropriate): YES / NO Amount outstanding: £	