

# Clement Collections

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## Debt Lodgement Form

### Your Details

Business Name
Contact Name (First/last)
Phone
Fax
Physical Address
Postal Address
Mobile
Email
Brief description of Business
Signature
Date

### Debtor Details

Company Name
Legal Entity of Company <input type="checkbox"/> Ltd <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Individual
Contact or Personal Guarantor (full name)
Date of Birth
Physical Address
Postal Address
Phone Number
Fax
Mobile
E mail

### Debt details

Amount of debt
Date due (or range)
Are you covered by a collection costs agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No (contact us for clarification if necessary)
Is there a Personal Guarantee on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach copy)
Description of debt
Additional information

Lodgement of this job is in accordance with our terms and conditions. (See over)  
Invoices pertaining to this debt will only be required should a dispute arise or legal action be taken.  
Commission will only be charged on monies collected and will be charged at a tiered rate of 20% plus gst.