

BE PAID LIMITED

Professional Debtor Management Services

P O Box 7004, Dunedin 9040
New Zealand
0800 2 BE PAID (0800 223 724)

Debt Collection Referral Form

info@bepaid.co.nz
www.bepaid.co.nz

Debtor Full Legal Name:

Any other name known by or trading as:

Addresses:

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Contact Numbers: Home: Work: Mobile:

Email address:

Date of Birth:

Employer Details:

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Debt Details:

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Amount Owning:

Any other useful information:

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Please send us any relevant documents such as signed credit application and copies of invoices.

Is there agreement with your customer that they pay collection costs* Yes / No

*Costs can only be added to the debt if the customer was advised at the time of incurring the debt that should default occur, any collection costs incurred in recovery of the debt are payable by the customer and may be added to the debt. To enforce this they must have completed a credit application form or other contract that agrees this. Alternatively you must have a sign prominently displayed in your reception area and your customer must have been made aware of this.

Our bank account for payment of recoveries:

We agree that the debt referred on this form is subject to the conditions of Be Paid Limited Debt Collection Terms of Engagement as supplied.

Signed: Date:

For:

**Email to Be Paid Limited™© – stella@bepaid.co.nz or post to P O Box 7004, Mornington,
Dunedin 9040**