



### **DEBT RECOVERY INSTRUCTION**

Your Full Name\*

Job title\*

• Organisation name (if applicable)

• Company number (if appropriate)

• Address\*

Street Address

Address Line 2

City/County

Post Code

• Telephone number\*

• Email\*

• Legal status of your organisation\*

Sole trader

Partnership

Limited liability partnership

Limited company

Unincorporated association

• What does your organisation do?\*

Provides goods

Provides services

Provides goods and services

**Debtor Details**

Status

PLC

Ltd Partnership

Sole Trader/Individual

LLP

Other

Name

Telephone

Address

**Invoice information**

Please supply the information below - this is essential

**Please enter the number of invoices**

How many invoices?

**Payment details**

Total amount outstanding

Payment Terms (days)

Was your debtor dealing with you in the course of their business?

Do you charge Contractual Interest?

- Confirmation\*
- I confirm that I / my organisation wish to instruct Kents Bailiff Services and their agents to act on my /my organisations behalf in relation to the collection of the debt / debts as detailed above. I have authority to provide instructions on behalf of my organisation. I have read and accept your Terms & Conditions of Business and consent to information regarding this instruction being shared within the AWT Associates Ltd and their respective agents.