

Cornwall Bailiffs Ltd

Unit 6 Kestles Quarry Business Park Sladesbridge, Cornwall, PL27 6JB

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DEBT RECOVERY INSTRUCTION

our Full Name*		
ob title*		
Organisation name (if applicable)		
Company number (if appropriate)		
Address*		
treet Address		
ddress Line 2		
ity/County		
ost Code		
Telephone number*		
Email*		
Legal status of your organisation*		
ole trader		
artnership		
imited liability partnership		
imited company		
nincorporated association		
What does your organisation do?*		
rovides goods		
rovides services		
rovides 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 wit the course of their business'	h you in ?
Do you charge Contractual Interest?	

- Confirmation*
- O I confirm that I / my organisation wish to instruct Cornwall 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 <u>Terms & Conditions of Business</u> and consent to information regarding this instruction being shared within the Lackfords Group of Companies and their respective agents.