

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 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 Terms & Conditions of Business and consent to information regarding this instruction being shared within the Lackfords Group of Companies and their respective agents.