

Authority

Client Details

TO:	Debt Recovery Service Pty Ltd ABN 46 151 835 282	Date of Authority:	
FROM:	Client Name:		
	ACN:		
	ABN:		
	Billing Address:		
	Telephone:		
	Facsimile:		
	Email:		
	Contact Person:		

Debt Details

Debt amount:	\$						
Debtor:	Name						
	ACN		ABN				
	Address:						
	Telephone:		Mobile:				
	Email:						
	Contact Person:						
Due date of Debt:							
Contract/Order attached?	YES	NO					
Invoice for Debt attached?	YES	NO					
Previous correspondence with Debtor attached?	YES	NO					
Additional comments:							

Commission charged- Note: All prices below are for accounts under 12 months old. All accounts must be the correct address at the time of application or additional charges for locating will apply. Additional Charges for ASIC searches will also apply for business to business accounts.

Debt amount:	Commission:	Tick the applicable box:
Less than \$1,000.00	35% of the Debt	
\$1,000.00 - \$4,999.99	25% of the Debt	
\$5,000.00 - \$9,999.00	17% of the Debt	
\$10,000.00 & Over	15% of the Debt	
Note: Minimum Commission is \$55		All Commissions & Charges are Inclusive of GST Further conditions may apply refer to http://www.debtrecovered.com.au/debt-collection-services

NOTE: By signing and submitting this Authority you authorise DRS to provide the Services pursuant to the Terms and Conditions [www.debtrecovered.com.au/contract/terms_and_conditions.pdf]. You further acknowledge and agree that you have read the Terms and Conditions [www.debtrecovered.com.au/contract/terms_and_conditions.pdf], provide the consents set out in the Terms and Conditions and otherwise agree to be bound by the Terms and Conditions for the duration of the Agreement.

Signature: _____

Name: _____

Position/Role: _____

Date: _____