



Your name: _____
Company name: _____
Address: _____
Telephone number: _____
E-mail: _____
FAX: _____

Debtors name: _____
Address: _____
Telephone number: _____
E-mail: _____
FAX: _____

Details of circumstances in which debt
arose: _____

Has there been any dispute regarding all or part of the sum owed. If so please provide brief de-
tails and we will contact you directly to discuss the circumstances surrounding the dispute:

Date of invoice and invoice number _____

Amount owed: _____

Details of any payments toward the
debt: _____

Details of any interest accrued on debt and the rate at which interest
accrues: _____

**FAX BACK THIS FORM TO 01245 345900 AND WE WILL
CONTACT YOU TO CONFIRM RECEIPT OF YOUR ENQUIRY**