

SLATER BYRNE

RECOVERIES

YOUR COMPANY NAME:.....

CONTACT PERSON:.....

PHONE:..... MOBILE:..... DATE:.....

ACCOUNT FOR COLLECTION – Details of Company / Individual that owes you money

1. NAME OF BUSINESS / INDIVIDUAL:.....

ADDRESS:.....

CONTACT PERSON:.....

LANDLINE:..... MOBILE:.....

EMAIL:.....

NZBN/NZCN
NUMBER:.....

AMOUNT:..... DATE OF DEBT:.....

WHAT ACCOUNT IS FOR:.....

ANY OTHER INFO:.....

R.B

www.slaterbyrne.co.nz

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