

# AMA COLLECTION SERVICES

A Division of National Credit Insurance (Brokers) Pty Ltd  
ABN 68 008 090 702



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PO Box 3315  
Rundle Mall SA 5000

## DEBT REFERRAL FORM

### YOUR COMPANY DETAILS

Company name:	
Contact name:	
Date:	

### DEBTOR DETAILS

Correct legal entity			
Trade name(s)			
Address			
ABN / ACN			
Your reference number		Debtor contact name	
Telephone number			
Mobile number			
Fax number			
Email address			
Amount outstanding	Invoiced amounts	Invoiced (month/year)	Due (month/year)
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
	<b>Total amount</b>	<b>Currency of debt</b>	
Terms of payment			
Details of debt (Please tick)	Goods sold and delivered Services rendered Hire of goods Work and labour done	Dishonoured cheque Other (please specify) _____	
<b>Credit application signed</b> (If yes, please provide) YES NO <i>Is this attached?</i> YES NO		<b>Guarantees held</b> (If yes, please provide) YES NO <i>Is this attached?</i> YES NO	
General comments and any other information you think may be helpful:			

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_