

**ENGAGEMENT FORM**  
Debt Collection Matter

CLIENT NAME \_\_\_\_\_

TELEPHONE No \_\_\_\_\_ FAX No \_\_\_\_\_ MOBILE No \_\_\_\_\_

CLIENT CONTACT \_\_\_\_\_

POSITION \_\_\_\_\_

CLIENT EMAIL \_\_\_\_\_

**INSTRUCTIONS****Please Collect the following debt in accordance with the Retainer Agreement.**

NAME OF DEBTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ State \_\_\_\_\_

TELEPHONE No \_\_\_\_\_ FAX No \_\_\_\_\_ MOBILE No \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT AT DEBTOR \_\_\_\_\_ POSITION \_\_\_\_\_

TOTAL AMOUNT TO BE COLLECTED \$ \_\_\_\_\_

INVOICE NUMBER/S \_\_\_\_\_ INVOICE DATE \_\_\_\_\_ INVOICE AMOUNT \_\_\_\_\_

*If insufficient space  
please attach a separate  
sheet listing all invoices  
and details*

\_\_\_\_\_ INVOICE DATE \_\_\_\_\_ INVOICE AMOUNT \_\_\_\_\_

\_\_\_\_\_ INVOICE DATE \_\_\_\_\_ INVOICE AMOUNT \_\_\_\_\_

TERMS OF TRADE \_\_\_\_\_ DAYS

HAS DEBTOR SIGNED A CREDIT APPLICATION OR CONTRACT – If 'Yes' Please attach Y  N 

COLLECTION HISTORY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNED - CLIENT\_\_\_\_\_  
PRINT NAME OF SIGNATORY\_\_\_\_\_  
DATE\_\_\_\_\_  
CLIENT LIAISON OFFICER\_\_\_\_\_  
CLO MOBILE TELEPHONE