

Your Name		
Your Company Name		
Your Company Address		
Contact Details	Email	
	Telephone	
Date		
Status of Debtor (Please select one)	Limited Company	<input type="checkbox"/>
	PLC	<input type="checkbox"/>
	Individual	<input type="checkbox"/>
	Sole Trader (name required)	<input type="checkbox"/>
	Partnership Non Limited Company	<input type="checkbox"/>
Disputed Debt	YES	NO <input type="checkbox"/>
Total Amount Outstanding	£	
Debtor Name/Company		
Debtor Address		
Debtor Company Number		
Debtor Contact Details	Email	
	Telephone (1)	
	Telephone (2)	
Your Account Reference		
Your Payment Terms (e.g. 30days/net month etc)		
Checklist		
Copy Invoice Attached*	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Copy Terms Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Copy P/O Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dispute Details Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional Information		
OFFICE USE ONLY		
Loaded on System	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Letter Sent	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Response Received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Customer Informed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Resolved	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Further Action Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional Information		

** Note: We must have a copy of all outstanding invoices complete with invoice number, invoice date & payment terms in order to lawfully pursue the sum outstanding*