

TO: Back to Black Limited
P O Box 15 077
TAURANGA 3144

FROM:

INSTRUCTIONS TO RECOVER DEBTS

Debtor/s Name in full:

- (i) If a Partnership, please provide names of all partners on a separate sheet and the trading name of the partnership
- (ii) If a company, the exact name of the company is required

Address in full:

- (i) If a Partnership, the address of each partner
- (ii) If a company, the operating address of the company

Occupation:

Date of Birth:

Telephone Number(s):

Goods and/or services supplied:

(Full details are required. If a combination of goods and/or services, please specify each)

Date of supply of goods and/or services:

Total sum of goods and/or services supplied:

Payments Received: (include dates)

Balance now due:

Please provide copies of all invoices and credit application (if available)

Signed:

Date:

It would be appreciated if you took a bit of time to complete this form in full