

To:

Advocate
Commercial Debt Recovery

Park House
10 Park Street
Bristol
BS1 5HX

From:

Please complete
your trading
name and
address

Please complete
your contact
details

Company/business name:

Address including postcode:

Name:

Telephone No:

Email address:

Commercial Debt - Account Referral Form

**Details of the debt
to be recovered**

Name of debtor company/business:

Your customer account No:

Please complete and
return signed form to:

Trading status: Sole Trader Partnership Limited Company

Trading address including postcode:

Email:

admin@debtadvocate.co.uk

Fax:

0117 907 4701

Contact names (and job titles if known):

Post:

Address above

Contact telephone numbers:

Under current legislation
Advocate will claim from
the Debtor statutory late
payment charges to cover
our costs.

Email addresses:

Debt amount:

Payment terms stated on invoice:

Alternatively Advocate will
charge a commission fee
of 10% on all monies
recovered.

Brief details explaining the nature of the debt:

If you **do not** wish
Advocate to claim
statutory late payment
charges from the Debtor,
please cross the box below
to accept Advocate's
commission fee.

Action taken to date:

Response from debtor:

Any other comments or special instructions:

Please sign to accept our Terms & Conditions of Business and authorise Advocate to recover the debt detailed above

Job title:

Title:

First name:

Surname:

Signature:

Date: