

# DEBT RECOVERY CLAIM FORM



**CLAIMS MADE EASY**

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# CLAIM DETAILS

## *Client Details*

Individual:  Business:  Company:  Other: .....

Name: ..... Email: .....

Address: ..... Postcode: .....

Phone: ..... Mobile: ..... Fax: .....

GST Registered: Yes  No  ABN / ACN (if applicable) .....

## *Debt Details*

Service Provided:  Products Provided:  Other:  .....

Amount owing \$..... Age of debt: 30 Days:  60 Days:  90 Days:  Older:

This debt has arisen from: A dispute in services/products provided  Non payment

All invoices attached: Yes  No

All order forms attached: Yes  No

All previous demands attached: Yes  No

## *Debtor Details*

Individual:  Business:  Company:  Other: .....

Name: ..... Email: .....

Address: ..... Postcode: .....

Phone: ..... Mobile: ..... Fax: .....

GST Registered: Yes  No  ABN / ACN (if applicable) .....

## IMPORTANT

Once you have authorised us to proceed you should not take any action yourself as this may hamper or jeopardise action taken by us on your behalf.  
All communications you receive from the other party should be referred to us as soon as possible.

## *Authorisation*

1. I authorise Claims Made Easy to act on my behalf as an agent.
2. I authorise Claims Made Easy to send and receive documents such as invoices, quotes and reports in relation to this claim.
3. I authorise Claims Made Easy to retain Kenworthy Bruce Recovery Lawyers to act on my behalf if deemed necessary.
4. I acknowledge Claims Made Easy's fees and authorise the deduction and payment of these fees once any monies are recovered.
5. I acknowledge that if Claims Made Easy cannot recover any monies no fee will apply.
6. I acknowledge that if I withdraw my claim without consent from Claims Made Easy, I will be responsible for the Claims Made Easy fee.
7. Claims Made Easy reserves the right not to act on a NO WIN / NO FEE basis.
8. I hereby irrevocably appoint Claims Made Easy as my agent for the purpose of conducting my claim including but not limited to settling my claim without reference to me on the understanding that CME will act in my best interests at all times.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_