

COLLECTION ACCOUNT ASSIGNMENT FORM
YOUR COMPANY DETAILS:

Company Name	
Person to Contact	
Street Address	
City, Country	
Telephone	
Email	

DEBTOR COMPANY DETAILS:

Company Name	
Person(s) To Contact	
Street Address	
City	
Country	
Telephone	
Email Addresses	
Debtor Web Site	
Claim Amount	
Invoice Numbers	

YOUR NOTES:

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CLIENT AUTHORIZATION:

On behalf of the Client and as an authorized officer of the Client I expressly authorize Freight Debt Recovery Services (FDRS) to undertake collection efforts and to collect monies as described above and in accordance with the Terms and Conditions as detailed on the https://fdrs-ltd.com/fdrs/terms_and_conditions.html website and as per the terms detailed in the signed Collection Agency Agreement supplied to FDRS along with this claim.

Your Name/Title	
Signature	
Date	

Note – Please affix your company seal (if applicable)