

## COLLECTION ACCOUNT ASSIGNMENT FORM

### YOUR COMPANY DETAILS:

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

### DEBTOR COMPANY DETAILS:

Debtor Company Name	
Person(s) To Contact (Must be supplied)	
Street Address	
City	
Country (Must be supplied)	
Telephone	
Email Addresses (Must be supplied)	
Debtor Web Site (Must be supplied)	
Claim Amount (See note below)	
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 First 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/first-debt-recovery-service/> 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)*