

From: _____ **Placed by:** _____
Your Company Name Name Telephone

ACCOUNT NAME: _____ **Co-Borrower / Co-Signer:** _____
Address: _____ **Postal Code:** _____
Phone: _____ **Cell:** _____ **Email:** _____
If Consumer- **Employer:** _____ **Work Phone:** _____
Date of Birth: _____ **SIN:** _____ **Spouse:** _____
If Commercial- **Contact Person:** _____ **Owner/Director:** _____ **Website:** _____
AMOUNT DUE: _____ **Account #:** _____ **Charge Interest:** No Yes **If yes, specify rate:** _____
Date of Last Charge/Invoice: _____ **Date of Last Payment:** _____
Details of account: _____

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Upon submission of the above account(s) for Debt Collection Services we understand and agree that we are obliged to immediately notify Eastern Credit Management Services of all payments received from debtor, credits issued, returned goods or complaints and/or any agreements concluded with the debtor, relating to the claim. We hereby authorize Eastern Credit Management Services to proceed with the collection of the account(s) which we certify as being legally owing and unpaid as stated above. We agree to pay commission on all monies recovered, credits issued and/or the value of any returned goods.