

# Debt Recovery Instruction Form



## Your details

Company Name .....

Contact Name .....

Address .....

.....

Telephone Number .....

Fax Number .....

Email Address .....@.....

Number of Employees .....

Business Turnover .....

## Debtor's details

Name of debtor .....

Is the debtor:

A limited company  Partnership  Individual  Other trading entity?

Company number (if limited company) .....

Business address .....

.....

Registered office address (if registered company) .....

.....

Contact name .....

Telephone number .....

Fax number .....

Email address .....@.....

**Details of the debt** (please use a separate form for each debt)

Invoice number .....

Amount of invoice .....

Date of invoice .....

Date payment was due .....

Your debtor's reference .....

Do you have standard terms and conditions and were these supplied to the debtor? Yes  No

Do you wish to recover interest? Yes  No

Interest rate applicable to debt (as set out in terms and conditions if applicable)

Calculation of interest to date .....

Calculation of daily interest .....

If your terms and conditions do not provide for interest or there are no standard terms and conditions applicable to this debt, do you wish to claim interest and compensation under the Late Payment of Commercial Debts (Interest) Act 1998 (if applicable)? Yes  No

Brief description of the goods/services supplied to which the invoice relates

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.....  
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Brief description of efforts made to date to recover debt

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Any other relevant information

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Please attach copies of:

- The invoice;
- Any standard terms and conditions that apply; and
- Copies of any correspondence to date with the debtor in respect of the debt

**Your Business Sector**

- Accounting and Finance
- Education, Training & Tutoring
- Healthcare
- Manufacturing
- Management Consultant
- Retail
- Travel & Tourism
- Automotive
- Retail
- Leisure
- IT
- Marketing, Advertising, Design
- Real Estate and Construction
- Telecommunications
- Other (please specify) .....

Please tick this box if you would like to receive SA Law's e-newsletter

I confirm that the information set out above is true and correct. By submitting this form, you will be instructing the Debt Recovery team of SA Law LLP and agreeing to the charges outlined in our schedule of costs and Court fees

.....  
Name

.....  
Signature

.....  
Position

.....  
Date

Please sign and return to the Debt Recovery Team at SA Law

Post            60 London Road  
                  St Albans  
                  Hertfordshire  
                  AL1 1NG  
Fax             01727 7980069  
Email          debt.recovery@salaw.com