**YOUR DETAILS (only complete this if you have NOT provided this before in a previous sheet)**

Your Business Name:

Your Company Name (if you have one): PTY LTD

Your ACN:

The Contact Person at your business:

Postal Address:

Street Address:

Contact phone number: ( ) Mobile:

Contact fax number: ( )

E-mail:

**DETAILS OF THE PERSON/COMPANY THAT OWES YOU MONEY:**

Debtors Trading Name:

Company Name: PTY LTD

ABN or ACN:

Postal Address:

Street Address:

Phone Number: ( ) Mobile:

Fax Number: ( )

E-mail:

Do you have a credit application? YES / NO *Please attach copy.*

Do you have a directors guarantee? YES / NO *Please attach copy.*

**WHAT YOU PROVIDED TO THE DEBTOR *(TICK WHERE RELEVANT*):**

[ ] Goods sold?

[ ] Services provided?

[ ] Dishonoured cheque received? *Please attach copy of cheque & dishonour notice.*

Date of the debt: from to

Exact amount now owing to you: $

**WHAT YOU WOULD LIKE COP & CO TO DO:**

***(TICK WHERE RELEVANT*)**

[ ] Soft letter of demand

[ ] Medium letter of demand

[ ] Strong letter of demand

[ ] Telephone Demand

[ ] Search of assets

[ ] Court Action

\*\*\* for immediate action **COP & CO, LAWYERS** Tel: 3207 1234

 Fax/e-mail this sheet to: PO Box 48, Capalaba Qld 4157 Fax: 3207 2345