



Fax 1300 369 445

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Lodge a Debt Form

CCS Client Name:	
Contact Name:	Phone Number:

Debtor Details

Name:	
Trading As:	
Contact:	
Date of Debt: from / / to / / .	Invoiced Amount :\$ Amount Outstanding:\$
Your Reference:	
Business Address:	Home Address:
Postal Address:	
Telephone: Fax:	Mobile: Mobile:
Email Address:	
Banking Institution:	Employment Status:
Date of Birth:	
Please include any relevant paperwork:	
<input type="checkbox"/> Credit Application <input type="checkbox"/> Personal Guarantee <input type="checkbox"/> Correspondence	<input type="checkbox"/> Invoices <input type="checkbox"/> Terms of Trade <input type="checkbox"/> Emails
Reason for Non Payment	
<input type="checkbox"/> Demands have been sent <input type="checkbox"/> Debtor Phoned <input type="checkbox"/> Debt is disputed <input type="checkbox"/> Debtor Skipped <input type="checkbox"/> Business Closed <input type="checkbox"/> Bounced Cheque <input type="checkbox"/> Payment Promised <input type="checkbox"/> Slow Payer <input type="checkbox"/> Other	
Comments:	