



YOUR COMPANY NAME:	
ADDRESS:	
CITY, PROV:	
POSTAL CODE:	
PHONE:	
FAX:	
CONTACT:	
E-MAIL ADDRESS	

CLAIM FOR COLLECTION – CONSUMER ACCOUNT

DEBTOR'S NAME:		TEL:	
ADDRESS (INCL. POSTAL CODE):		CELL:	
SIN:	DOB:	E-MAIL ADDRESS:	
EMPLOYER (N.B. EXEMPT):		POSITION (N.B. EXEMPT):	EMPLOYMENT TEL (N.B. EXEMPT):
AMOUNT DUE: \$	PRINCIPAL AMOUNT: \$	INTEREST: \$	DATE OF LAST INVOICE:
			HAS MAIL BEEN RETURNED?: <input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR ACCOUNT SECURED?: <input type="checkbox"/> NO <input type="checkbox"/> YES (please describe):			
YOUR ACCOUNT #:		P.O. #:	
NOTES:			

ENCLOSED DOCUMENTS:
<input type="checkbox"/> INVOICES <input type="checkbox"/> STATEMENTS <input type="checkbox"/> RETURNED CHEQUE(S) <input type="checkbox"/> CREDIT APP. <input type="checkbox"/> LETTERS/CORRESPONDENCE
<input type="checkbox"/> OTHER (PLEASE SPECIFY): _____

<p>RATE SCHEDULE</p> <p><u>COMMERCIAL CLAIMS</u></p> <p>18% ON THE FIRST \$ 3,000 10% ON THE NEXT \$ 12,000 5% ON BALANCE OVER \$ 15,000</p> <p>CLAIMS UNDER \$300 @ 25% CLAIMS UNDER \$100 @ 50%</p> <p>CREDITS ISSUED OR RETURNED MERCHANDISE @ HALF REGULAR RATES</p> <p><u>CONSUMER CLAIMS AND FOREIGN CLAIMS @ FLAT 25%</u></p> <p>SECOND PLACEMENTS, PRIOR LEGAL CLAIMS & CLAIMS OVER 1 YEAR OLD @ DATE OF PLACEMENT @ FLAT 50%</p> <p>WITHDRAWN CLAIMS MAY BE SUBJECT TO COMMISSION CHARGES</p>	<p>YOU ARE HEREBY AUTHORIZED TO PROCEED WITH THE COLLECTION OF THE ABOVE ACCOUNT, WHICH WE CERTIFY TO BE LEGALLY OWING AND UNPAID AS STATED. ANY PAYMENT MADE DIRECTLY TO US, OR PRODUCT RETURNED AND ACCEPTED BY US, OR ANY CREDITS APPLIED TO THIS ACCOUNT, WILL BE CONSIDERED AS DIRECT PAYMENT AND WILL BE REPORTED TO CREDIFAX ATLANTIC LIMITED IMMEDIATELY.</p> <p><u>ANY PAYMENTS RECEIVED AFTER THIS DATE SHALL BE SUBJECT TO FULL COMMISSION AS SET OUT IN THE RATE SCHEDULE.</u></p> <p><u>ANY CREDITS APPLIED AFTER THIS DATE SHALL BE SUBJECT TO COMMISSION AT HALF RATES AS SET OUT IN THE RATE SCHEDULE</u></p> <p>I HAVE READ AND AGREE TO THE RATE SCHEDULE AND TERMS AND CONDITIONS SET OUT BELOW.</p> <p>NAME: _____</p> <p>DATE: _____</p> <p>SIGNATURE: _____</p>
--	---

TERMS AND CONDITIONS

RATES & FEES

2ND PLACEMENT RATES: APPLY TO ANY CLAIMS PREVIOUSLY PLACED FOR COLLECTION WITH ANOTHER COLLECTION AGENCY, OR WHERE A LEGAL ACTION HAS BEEN COMMENCED BEFORE BEING ASSIGNED TO CREDIFAX ATLANTIC LIMITED FOR COLLECTION.

CLAIMS OVER 1 YEAR OLD: RATES APPLY TO ALL CLAIMS THAT ARE GREATER THAN 1 YEAR OR MORE FROM DATE OF THE LAST INVOICE (EXCLUDING INTEREST AND SERVICE CHARGES) AT DATE OF PLACEMENT WITH CREDIFAX ATLANTIC LIMITED.

LEGAL FEES: CREDIFAX ATLANTIC LIMITED WILL NOT ENGAGE A LAWYER TO ACT ON BEHALF OF THE CUSTOMER WITHOUT FIRST HAVING WRITTEN PERMISSION FROM THE CUSTOMER. OUR CUSTOMER (THE PLAINTIFF) IS RESPONSIBLE FOR ALL LEGAL FEES AND DISBURSEMENTS ASSOCIATED WITH THE LEGAL ACTION, REGARDLESS OF THE OUTCOME OF THE LEGAL ACTION, WHICH IS NOT GUARANTEED.

WITHDRAWN CLAIMS: EXCEPT WHERE THE CUSTOMER WITHDRAWS A CLAIM FOR THE SOLE PURPOSE OF WRITING OFF THE CLAIM, THE CUSTOMER SHALL NOT WITHDRAW ANY CLAIM PLACED WITH CREDIFAX ATLANTIC LIMITED WITHOUT PAYING TO CREDIFAX ATLANTIC THE COMMISSION TO WHICH CREDIFAX ATLANTIC LIMITED WOULD HAVE BEEN ENTITLED TO, HAD IT COLLECTED THE FULL AMOUNT OF THE CLAIM.

PLEASE SEND COMPLETED FORM BY FAX: (902) 450-5220 OR E-MAIL: COLLECTIONS@CREDIFAX.COM

800 Windmill Rd, Suite 300, Dartmouth, NS B3B 1L1 Tel: (902) 450-5070 / 1-877-554-4667 Fax: 1-877-738-0219