

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: _____

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: _____

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: _____

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.

Please provide us with as much information as possible at the time of placement for each account including a copy of the invoice and/or statement and any other pertinent documentation. Mail, fax or email to:

560 Main Street, Suite 310 Saint John, NB E2K 1J5 Phone/Téléphone: 506-634-8787 Fax/Télécopieur: 506-634-0565	236 St. George Street, Suite 102 Moncton, NB E1C 1W1 Phone/Téléphone: 506-854-9741 Fax/Télécopieur: 506-852-4518	5112 Prince Street, 3rd Floor Halifax, NS B3J 1L3 Phone/Téléphone: 902-455-7781 Fax/Télécopieur: 902-405-7798
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All Locations: info@easterncms.com • www.easterncms.com