

AUTHORITY TO ACT AS AN AGENT

I, the undersigned being authorised on behalf of the Company, appoint Effective Recoveries Pty Ltd to act as my authorised agent to collect accounts and to instruct its solicitors where legal action is required. I acknowledge that my authority is always obtained before any legal action is taken as I am responsible for any legal costs incurred.

I agree with the terms and conditions and price schedule, which is attached to this authority.

I further agree to inform Effective Recoveries Pty Ltd regarding any direct payments and allow commission and other charges to be deducted from any monies held by Effective Recoveries Pty Ltd on my behalf. I agree that, should the account for collection be settled in any way after the account has been given to Effective Recoveries Pty Ltd for collection, commission as per scale is payable.

Company/Business Name:

Trading Name:.....

A.C.N. Number:A.B.N. Number:

Business Address:

Postal Address:

Registered Address:

Contact No.1: Contact No: 2.....

Title: Title:.....

Email:.....Email:.....

Telephone:Telephone:.....

Facsimile:

Agreed Commission Rate :.....(plus GST)

Dated:

Signed:Title/Position Held:

Name:.....

ACCOUNTS FOR COLLECTION

Client's Name: _____

Your Contact: _____ Your ref: _____

ACCOUNT FOR COLLECTION

DEBTOR'S LEGAL NAME: _____

TRADING NAME: _____

ACN: _____ ABN: _____

REGISTERED ADDRESS: _____

TRADING ADDRESS: _____

NAME OF DEBTOR CONTACT & PHONE: _____

AMOUNT OF DEBT: _____

DATE OF DEBT: _____

CAUSE OF DEBT: _____

ANY OTHER INFO TO ASSIST IN COLLECTION: _____

PLEASE PRINT OUT THIS FORM, COMPLETE SAME AND FAX TO OUR OFFICE (FAX NO. 9329 3499) OR RETURN VIA EMAIL TO kyliem@effectiverecoveries.com.au. WE WILL ACT WITHIN ONE HOUR. (PHONE 03 9329 4455)