

DEBT RECOVERY INSTRUCTION

| Your Full Name* | | |
|------------------------------------|--|--|
| Job title* | | |
| Organisation name (if applicable) | | |
| Company number (if appropriate) | | |
| Address* | | |
| Street Address | | |
| Address Line 2 | | |
| City/County | | |
| Post Code | | |
| Telephone number* | | |
| • Email* | | |
| Legal status of your organisation* | | |
| Sole trader | | |
| Partnership | | |
| Limited liability partnership | | |
| Limited company | | |
| Unincorporated association | | |
| What does your organisation do?* | | |
| Provides goods | | |
| Provides services | | |
| Provides goods and services | | |

| Debtor Details | |
|--|------------------------------|
| Status | |
| PLC | |
| Ltd Partnership | |
| Sole Trader/Individual | |
| LLP | |
| Other | |
| Name | |
| Telephone | |
| Address | |
| Invoice information | |
| Please supply the information | on below - this is essential |
| Please enter the number of | of invoices |
| How many invoices? | |
| Payment details | |
| Total amount outstanding | |
| Payment Terms (days) | |
| Was your debtor dealing wit the course of their business | h you in ? |
| Do you charge Contractual | Interest? |

Confirmation*

I confirm that I / my organisation wish to instruct ERE (Executive UK Group) and their agents to act on my / my organisations behalf in relation to the collection of the debt / debts as detailed above. I have authority to provide instructions on behalf of my organisation. I have read and accept your <u>Terms & Conditions of Business</u> and consent to information regarding this instruction being shared within the Lackfords Group of Companies and their respective agents.