

Please complete as much information as possible. For additional accounts, this assignment form may be photocopied or downloaded and printed from our website, or we will gladly send you more. It is not necessary for you to calculate interest if you provide us with a rate and payment or charge date (Last transaction date).

Consumer Accounts

Principal Amount	Surname	Firstname	Initial	Is Mail Returned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interest Rate	Address	City	Prov	Postal	Check if Statement Enclosed <input type="checkbox"/>	
Last Trans. Date	Res. Number	Bus. Number	Employer			
Social Insurance Number	Account Number	Email Address				
Date of Birth	This space for additional information (Spouse, Bank, Jgmt., etc.)					

Commercial (Business Accounts)

Principal Amount	Company name	Co. is Limited	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Interest Rate	Incorporated Name if Different from above	Co. is still Operating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Last Trans. Date	Company Address	City	Province	Postal Code	
Amount Disputed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Telephone Number	Fax Number	Customer Acct #
Owner/Contact Name/ Phone	Personal Guarantee? Yes <input type="checkbox"/>	No <input type="checkbox"/>	S.I.N.		
Owner Address if different from above	Province	Postal Code			
Attached <input type="checkbox"/> Credit Application <input type="checkbox"/> Invoices <input type="checkbox"/> Statement	Additional Information	Email Address			

TERMS AND CONDITIONS – CONTRACT

Regular Commission will be billed at prevailing rate and/or deducted from funds available. The creditor agrees to report immediately every payment, or return of goods made direct to the creditor. Commission applies to debtor payments made to the agency or the creditor, or on value of goods returned to the creditor. Court costs are charged to the creditor over and above commission and disbursements are recovered from the debtor upon collection commission free. Court action will not commence without the written authorization of the creditor. A 10% fee will be charged if an account is withdrawn and must be received by the Agency prior to releasing the account. The Agency, under this agreement, has power of attorney to endorse all cheques received by the agency that are made payable to the creditor. The creditor has obtained consent from the debtor to collect, use, retain, and disclose personal information for the purposes of collecting the above account(s) and hereby authorizes Credit Bureau Collections Ltd. to use this information to assist in the collection effort. The creditor acknowledges that it has been provided with a Client Handbook. Payments received by the creditor and not reported to the agency within 7 days will be subject to higher commission. The undersigned has read and agrees to these terms & conditions.



CREDIT BUREAU COLLECTIONS LTD.
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 Toll Free: 1-(800) 207-0841 • Toll Free Fax: 1-(800) 219-8662
 www.cbcollections.com

 SIGNATURE DATE

 CREDITOR NAME

 CREDITOR ADDRESS

 CITY PROV. POSTAL CODE

 PHONE FAX NUMBER
 Email Address: _____