

WOLFCO. BAILIFFS

A Division of Matrix Communications Management, Inc
"RECOVERIES WITH INTEGRITY"

DEBTOR NAME(S): _____ ACCOUNT NUMBER: _____

ADDRESS: _____ CITY & PROVINCE: _____ P/C: _____

HOME PHONE: _____ WORK PHONE: _____

EMPLOYMENT: _____ ADDITIONAL: _____

S.I.N.: _____ D.O.B.: _____

PLEASE SUPPLY NSF CHEQUES, PROOF OF DEBT AND ANY GUARANTEES.

AMOUNT OWING: _____ INTEREST RATE %: _____

INTEREST START DATE: _____ DATE OF LAST PAYMENT: _____
MO / DAY / YR MO / DAY / YR

COMMENTS: _____

NO COLLECTION – NO CHARGE

THE ABOVE LISTING OF ACCOUNTS IS PLACED FOR COLLECTION UNDER THE FOLLOWING TERMS AND CONDITIONS:

All accounts are assigned on a **NO COLLECTION – NO CHARGE** basis. The Creditor authorizes **WOLFCO. BAILIFFS-A DIVISION OF MATRIX COMMUNICATIONS MANAGEMENT, INC.** and its' agents to collect all assigned accounts. The Creditor guarantees the accuracy of all information provided. Most accounts are reported to Equifax Canada. Any search fees required in researching your file are extra. Commission is payable on all payments received by **WOLFCO. BAILIFFS-A DIVISION OF MATRIX COMMUNICATIONS MANAGEMENT, INC** or by you.

CREDITOR: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY & PROVINCE: _____ P/C: _____

DATE: _____ CLIENT NUMBER: _____

COMMISSION RATE: **25%** AUTHORIZED BY: _____

SIGNATURE: _____

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