

Tenantserve Debt Collection Instruction Pro-forma Landlords



THE DEBT RECOVERY BUREAU

LANDLORD

Name	Contact Name
Address	Telephone
	Email
	Post Code

LETTING/MANAGEMENT AGENTS (if applicable)

Name	Contact Name
Address	Telephone
	Email
	Post Code

PROPERTY ADDRESS

Address
Post Code

DEBT – CURRENT OR LAST KNOWN ADDRESS

Name of first customer	Name of second customer
Address	Address
Post Code	Post Code
Telephone	Telephone
Email address	Email address

INVOICE DETAILS

Summary of payment/s due (or please provide a statement listing dates and amounts outstanding)	
Total outstanding amount to collect	



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INTEREST

Interest Are you legally entitled to add interest? Do you wish us to add interest from the invoice date? Do you wish us to add interest going forward?	 Yes/No Yes/No Yes/No	If you answered yes please complete the following sentence: Our interest rate is simple/compound* interest at ___% rate per month/annum* . It is applied daily/monthly/annually* . * Please delete as appropriate
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YOUR PAYMENT DETAILS

Email address for monthly report & remittance advice:	<input type="text"/>
Bank details for BACS payments:	
Account Name:	<input type="text"/>
Sort Code:	<input type="text" value="-"/> <input type="text" value="-"/>
Account Number	<input type="text"/>

Our fees are 20% + VAT of any monies we recover for you.

I authorise The Debt Recovery Bureau LLP and business associates to contact the above named customer in relation to the recovery of the above detailed debt. I have read, understand and accept the Terms and Conditions of The Debt Recovery Bureau LLP for providing this service.

Have you attached the following?

Signed

Name

Date

- Copy of agreement/contract
- Copy of Invoice/s
- Copy of all Tenant References