

From: _____ **Submitted By:** _____
Your Company Name Your Name Your Telephone

Your Eastern Client Number: _____ **Your Email:** _____

Please ensure we are notified of any payments made to your office. Payments can be reported to us by phone, email, or fax.

ACCOUNT NAME: _____
Company Name

Address: _____ Postal Code: _____ Mail Returned: No Yes

Mailing Address: _____ Postal Code: _____ Mail Returned: No Yes

Phone: _____ Website: _____

Email: _____

Company Legal Name: _____

Contact Person: _____ Company Owner: _____

AMOUNT DUE: _____ **Account #:** _____ **Charge Interest:** No Yes If yes, specify rate: _____

Date of Invoice: _____ **Date of Last Payment:** _____
MM/DD/YYYY MM/DD/YYYY

Other pertinent details: _____

ACCOUNT NAME: _____
Company Name

Address: _____ Postal Code: _____ Mail Returned: No Yes

Mailing Address: _____ Postal Code: _____ Mail Returned: No Yes

Phone: _____ Website: _____

Email: _____

Company Legal Name: _____

Contact Person: _____ Company Owner: _____

AMOUNT DUE: _____ **Account #:** _____ **Charge Interest:** No Yes If yes, specify rate: _____

Date of Invoice: _____ **Date of Last Payment:** _____
MM/DD/YYYY MM/DD/YYYY

Other pertinent details: _____

Upon submission of the above account(s) for Debt Collection Services we understand and agree that we are obliged to immediately notify Eastern Credit Management Services of all payments received from debtor, credits issued, returned goods or complaints and/or any agreements concluded with the debtor, relating to the claim. We hereby authorize Eastern Credit Management Services to proceed with the collection of the account(s) which we certify as being legally owing and unpaid as stated above. We agree to pay commission on all monies recovered, credits issued and/or the value of any returned goods.

Please provide us with as much information as possible at the time of placement for each account including a copy of the invoice and/or statement and any other pertinent documentation. Mail, fax or email to:

560 Main Street, Suite 310, Saint John, NB E2K 1J5 Canada
 Phone/Téléphone: 506-634-8787 • Fax/Télécopieur: 506-634-0565
 Toll Free/Sans Frais: 1-800-561-4151 • info@easterncms.com • www.easterncms.com