

**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:** \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mail Returned: No  Yes

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mail Returned: No  Yes

Previous Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mail Returned: No  Yes

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other Contact #: \_\_\_\_\_

Customer Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_ Spouse: \_\_\_\_\_  
MM/DD/YYYY

Is spouse responsible for account? No  Yes  Other Co-Borrower or Co-Signer: \_\_\_\_\_

Is this account in a child's name? No  Yes  If yes, who is responsible to pay?: \_\_\_\_\_

**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:** \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mail Returned: No  Yes

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mail Returned: No  Yes

Previous Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mail Returned: No  Yes

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other Contact #: \_\_\_\_\_

Customer Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_ Spouse: \_\_\_\_\_  
MM/DD/YYYY

Is spouse responsible for account? No  Yes  Other Co-Borrower or Co-Signer: \_\_\_\_\_

Is this account in a child's name? No  Yes  If yes, who is responsible to pay?: \_\_\_\_\_

**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