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DEBTOR REFERENCE FORM

Transmission of this form implies acceptance of the conditions written below.

Date: _____

A- Client / Company

Name:		
Address:		
City:	Province:	Postal code:
Phone:	Cell.:	Fax:
Contact person:	Email:	

B- Debtor / Company (specify: Reg , Ltd , Inc)

Name:		
Address:		
City:	Province:	Postal code:
* IMPORTANT - Does the debtor reside at the above address? yes no verify		
Phone:	Cell.:	
Email of debtor:		
Date of birth: (DD,MM,YYYY)	SIN: - -	
Employer / person contact:		
Phone:	Address:	
City:	Province :	Postal code:
* IMPORTANT - You may add any personal comments or documents which could assist us in our work:		

C- Finance

Billing date:	Total due (overdue):	Interest rate (%) (if applicable):
Judgment: yes no	Date of judgment:	
Amount of judgment:	Total amount due:	

IMPORTANT: The inclusion fees of the debtor can be paid on our online shop or by providing the numbers, the expiry date and the 3 security numbers of your Visa or MasterCard card by email at collection@oligny-thibodeau.com or by calling 514 856-7723. You must inform us and pay our commission on all payment, received by you in this file, after 24 hours of having submitted this document to Oligny-Thibodeau Collections Agency inc. and for any reason that might explain and confirm this payment.