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## RENT RECOVERY REFERENCE FORM

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

Date: \_\_\_\_\_

### Landlord

Name: (client or company)		
Address:		App.:
City:	Province:	Postal code:
Phone:	Fax:	
Contact person:	Email:	

### Renter

Name:		First name:	
Address:			App.:
City:	Province:	Postal code:	
Phone:	Email:		
Date of birth:	SIN:	-	-

**\*IMPORTANT** - Does the renter live at the address given:    yes    no    verify

Employer:		
Address:		
City:	Province:	Postal code:
Rental address:		App.:
City:	Province:	Postal code:

### Co-Signatory / Second charge of debt

Name:		First name:	
Address:			App.:
City:	Province:	Postal code:	
Phone:			

### Finance

Beginning of lease:	End of lease:	Monthly rent:
Payment of the rent has not been made for the following period (months due):		
Total amount due:	Judgment:    oui    non	
Date of judgment:	Total amount of judgment:	

**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.