



COMMERCIAL DEBT RECOVERY INSTRUCTIONS

Client Details

Sole Trader Partnership Limited Company

1. Your business' full title
2. Your trading/contact address and telephone number
3. For limited companies

Company Registration Number
Registered Office Address

4. For partnerships and sole traders
State full name/s of sole trader/each partner

Debtor Details

Sole Trader Partnership Limited Company

1. Debtor's full title
2. Debtor's full postal/trading address and telephone number
3. For limited companies

Company Registration Number
Registered Office Address

4. For partnerships and sole traders
State full name/s of sole trader/each partner
5. Any other trading name or address known to you.

Contact: Suzanne Hays, Robinsons Solicitors
10-11 St James Court, Friar Gate, Derby, DE1 1BT
Telephone: 01332 254165
E-mail: suzanne.hays@robinsons-solicitors.co.uk

Details of the Debt

1. Total amount owed
2. Detail outstanding invoices (attach copies and up-to-date statement)

Invoice date	Invoice number	Amount
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3. What does the debt relate to (i.e. goods sold and delivered, services rendered, dishonoured cheque)
4. Trading terms
Immediate Payment 30 days from invoice Other (please specify)
5. If the debt is subject to your Standard Conditions of Trading please supply a copy together with copies of quotations and orders received.
6. Please give any other information relevant to the recovery of this debt.

Your instructions

Please tick to indicate the initial service you require:

Seven day letter

Letter before action allowing longer period (please state)

If debt is over £750.00 and no dispute whatsoever has been raised to date by debtor, service of Statutory Demand prior to bankruptcy/winding up proceedings (please note process servers fees of approx £75.00 will not be recoverable)

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STATEMENT OF TRUTH

I confirm that in providing these instructions I understand the following:

1. That I am authorising Robinsons Solicitors to sign the Statement of Truth contained within a statement of case on my behalf so far as the statement of case contains information that I have provided on this form.
2. That Robinsons have explained to me that in signing a Statement of Truth on my behalf, they are verifying my belief in the truth of the facts state in that statement of case.
3. That I have been informed that the consequences of making a false Statement of Truth can include proceedings for contempt of court which can lead to a fine or imprisonment.

I confirm that I have read and understand the Statement of Truth

Print full name _____

Position/Office e.g. Director/Manager _____

Date _____