



TradeCollect/TradeLegals Reimbursement Form

Melbourne Branch

Trade Credit Claims, Level 13, 628 Bourke Street, Melbourne VIC 3000

Postal Address

PO Box 577 Collins St West, Melbourne VIC 8007

Telephone: (03) 9246 2999 Facsimile: (03) 9246 2990 DX:251 Melbourne

Name of Insured			
Policy No			
Debtor's Name			
Debtor's ACN/ABN			
Total legal expenses incurred	\$	(exclusive of GST)	
Detailed breakdown of expenses:	Nature of expense	Amount (ex GST)	GST amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Approved Collection Agency used			
Date debt placed with Approved Collection Agency			
Amount claimed	\$		
We wish to seek reimbursement of our Debt Collection Fees associated with the above loss that we have incurred. We attach evidence of all expenses incurred (e.g. invoices) along with confirmation of payment (e.g. statement or receipt) in endeavouring to collect the amount owed to us by the above Debtor.			

Declaration of Insured and Signature			
We authorise you to obtain any details from our Approved Collection Agency in relation to this matter. The information given herein and the attachments are, to the best of our knowledge and belief, true and correct in every particular.			
Full Name of Company	<input type="text"/>		
Signature of Authorised Signatory	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/>
Name of Authorised Signatory	<input type="text"/>		
Position in Company	<input type="text"/>		

Please complete this form, attach all relevant documentation and send to the above address.