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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:
* <b>IMPORTANT</b> - 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:
* <b>IMPORTANT</b> - 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:** 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 and for any reason that might explain and confirm this payment. Please send a cheque of \$28.74 (\$25.00 plus taxes) paid to the order of LADROT Inc. for the inclusion fees of the debtor within the collections system at Oligny-Thibodeau Collections Agency Inc. or call us at 514 856-7723 to make a payment on your Visa or Mastercard.