

ACTION AUTHORITY**No:**

DATE			
DEBTOR Mr/Mrs/Miss/Ltd			
	Give full Name and state whether Individual, Sole Trader, Partnership, or Company.		
CONTACT NAME	(If Company)		
HOME ADDRESS			
CITY			
WORK ADDRESS			
CITY			
DEBTORS EMAIL			
TELEPHONES	HOME:	WORK:	CELL:
AMOUNT OVERDUE	\$	DEBT DATES FROM	
DEBTORS OCCUPATION		DATE OF BIRTH	
YOUR NAME			YOUR PHONE
YOUR ADDRESS	Credit Application Copy Enclosed Yes/No		



(SOUTH) LTD
P O Box 40-077, Glenfield
North Shore 0747
Ph (09) 44-22-482
Fax (09) 44-22-483
Website: www.goldcredit.co.nz

In forwarding this form, we indemnify Gold Credit Service against any claims arising from disclosure of information relating to this debtor.

This is a Pre-paid service - Cheque enclosed for \$



For your convenience a one off Debt may be collected.
Simply select the value of Debt, thus giving you the collection fee.

Retain this lower portion.

VALUE OF DEBT	COLLECTION FEE
\$0-500	\$55.56 + 6.94 gst = \$62.50
\$501-2,000	\$77.78 + 9.72 gst = \$87.50
\$2,001-3,000	\$100.00 + 12.50 gst = \$112.50
\$3,001-8,000	\$111.11 + \$13.89 gst = \$125.00
\$8,001-10,000	\$166.67 + \$20.83 gst = \$187.50
\$10,001 & Over	\$222.22 + \$27.78 gst = \$250.00



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Fill out details asked for, and retain this half as your invoice and record of payment.

Post top portion along with your cheque for the Collection Fee to Gold Credit Service, and proceedings will commence.

Should Court Proceedings be necessary, an authority form will be forwarded at a later date for completion with an invoice for judgement costs.

+
Date Debtor

Amount Collection Fee (Invoice Total)

ACTION AUTHORITY**No**

**For your convenience payment may be direct credited to:
Gold Credit Service (South) Ltd., ASB Bank, Hunters Plaza,
Account Number: 12-3044-0344677-00**

NOTES for your record.