

FORDEFINANCIAL

Professional Receivable Management

CLIENT LISTING SHEET

Date: _____

CREDITOR INFORMATION

Company Name: _____

Contact: _____

Address: _____

Telephone: _____ Fax: _____

Cell: _____

E-mail address: _____

DEBTOR INFORMATION

Company Name
or Individual: _____

Contact Name
(If Company): _____

Address: _____

Previous Address: _____

Telephone: _____ Fax: _____

Cell: _____

Additional Info: _____

If possible, please provide one or more of the following:

- Invoice
- Contract
- Agreement
- Promissory Note
- DOB or SIN #
- NSF Cheques
- Personal Guarantee

ACCOUNT INFORMATION

Payment Amount: \$ _____

Interest Due (if applicable) \$ _____

Grand Total: \$ _____

FORDE FINANCIAL

PO Box 88210
418 Main Street
Vancouver, B.C. Canada V6A 4A5
Tel: 604.632.0108
Fax: 604.602.0053
Toll Free: 1.888.308.8831

Complete this form and fax back to 604-602-0053