

Collection Order



Client _____

Debtor's master data (please fill in the debtor's data)

Debtor is a privat person	
Customer Number	_____
Address	Mr. Mrs.
Name / First Name	_____
Date of Birth	_____
Street / Number	_____
Postcode / Town / Country	_____
Telephone / Fax	_____
Mobile	_____
Email	_____
Employer	_____
Bank	_____
IBAN / BIC	_____

Debtor is a company	
Customer Number	_____
Company Name / Legal Form	_____
Legal Representative / Owner including Name / First Name	_____
Street / Number	_____
Postcode / Town / Country	_____
Telephone / Fax	_____
Mobile	_____
Email	_____
Bank	_____
IBAN / BIC	_____

The undersigned orders debkonplus Inkasso GmbH in accordance with the inspected general standard terms and conditions to collect the above specified claim. It is declared herewith that the claim is not ceded to a third party and – as far as is known – is not denied.

Date / Place

Signature / Stamp



www.debkonplus-inkasso.de | auftrag@debkonplus.de

Hanns-Martin-Schleyer-Straße 34 • Haus 1 • D-47877 Willich • Tel. +49 (0) 2154 81629-21 • Fax +49 (0) 2154 81629-29
Geschäftsführer: Ulrich Liebscher • HRB Krefeld 11648 • Registrierter Inkassodienstleister

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Collection Order



List of Claims

	Invoice Payment Credit Note	Receipt's Number	Receipt's Date	Amount including VAT	Due Date	Reminder's Date	Costs paid in advance	Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
				Balanced Main Claim		Balanced Costs		

Your information concerning the collection case or debtor



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