



Harley Legal & Collections Ltd
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NO SUCCESS = NO FEE
Single or Multiple Debt Collection Form

ROUTE A :
REGULAR DEBT RECOVERY SERVICE

15% UK 25% Europe & USA 35% World-Wide

Minimum charge per debt £50, only payable if we collect. The occasional debts which have to be collected in instalments and need constant monitoring to retrieve re-payments will be subject to an extra 5% commission.

ROUTE B :
SPECIALIST & LEGAL COLLECTIONS

This service is available for the most difficult debt types. Route B is used either, where debts are disputed, where debts have already been worked on by other solicitors or a recovery agency, where Judgement has already been obtained, or where debts are over 365 days old. We can also make personal visits, as well as issue Court Proceedings and Statutory Demands against debtors if necessary & cost effective. You will not have to risk anything, as we will pay all of our costs incurred, unless otherwise agreed. The commission rate is 35% also on a No Success No Fee basis. A specialist team, work Route B files, each control a small number of files due to the intensified action that is required.

INSTRUCTIONS TO PROCEED.

For more than 1 debt, please sign below and send a list of debtors together with any extra information/statements. For 1 debt only, please fill in all the fields below including the debt detail fields.

YOUR OWN DETAILS: (CLEAR & IN BLOCK CAPITALS)

YOUR NAME _____ COMPANY _____
 FULL ADDRESS _____

By signing this form, I authorise you to collect any debts I will submit to you now or in the future at the above commission rates, and agree to our normal Terms & Conditions. **I understand that I must not communicate with my debtor(s) once debts have been passed on to Harley Legal , and must direct them immediately to Harley Legal if they attempt to contact myself/my company. I will notify everyone involved in my company not to speak to the debtor(s) . I must notify HARLEY LEGAL IMMEDIATELY if I have any news/payments regarding any of the debts, as & when they come in.**

Authorised signature _____ Position _____ Tel _____
 For & on behalf of (entity) _____ Date _____

FILL IN BELOW ONLY IF YOU ARE SENDING IN 1 DEBT, (for more than 1 debt, please send a list of debtors)

Owed by: Debtors Name/Company Name _____
 Full Address: _____

 Phone number: _____ Fax no: _____

 Total Value of Debt _____