Debt Collection Signup Form

TPS CREDIT CONTROL

Please complete this form and fax to: **(09) 523 9764**

Date ____ / ____ / ____

Details

Company

Company alt name 1

Company alt name 2

Company alt name 3

Company alt name 4

Company alt name 5

Company alt name 6

Phone ____ Fax ____

Client name ____ Mobile ____

Postal Address

Physical Address

Client email

Accounts email

Payment Options

Type ☐ Credit Card - Please fill out details below ☐ Direct Debit - Please fill out a direct debit authority

Credit Card Details

Name ____ Expiry ____ / ____

Type ☐ Visa ☐ Master Card ☐ Amex

Card No

Newsletter

Do you wish to receive future email contact from TPS Credit Control? ☑ YES

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