

**APPLICANT DETAILS** 

## **AUTHORITY TO ACT AS AGENT FORM**

Trading Name:		
Name of Company or Person(s) Owning Business:		
ACN:		
Business Address:		
Postal Address:		
Telephone:		
Fax:		
Email:		
Accounts Dayable Derson		
_		
-		
Name:		
Nume.		
l,	, Acknowledge and declare:	
• I authorise debitum to act on my b the account payable	ehalf as my agent for the purpose of collecting	
• I am authorised to sign this author correct to the best of my knowledge	ity the information provided to debtium is true and	
I have read and accept debitum's tell	erms and conditions	
Name:	Witness:	
Signature:	Signature:	
Date:		



## **FEE SCHEDULE**

DEBT AMOUNT	+GST
\$1 - \$100	70%
\$101 - \$500	50%
\$501 - \$1000	35%
\$1001 - \$2500	25%
\$2501 - \$5000	20%
\$5001 - \$10000	17.5%
\$10001 - \$20000	15%
\$20001 - \$50000	12.5%
\$50001 - \$100000	10%
\$100001+	7.5%