

LONDON BAILIFFS LTD

PROFESSIONAL CERTIFICATED BAILIFFS

DEBT RECOVERY

Contact Name and Ref:

Company Name :

Address:

Email:

Telephone:

Authorisation I confirm that the debt is not regulated by the Consumer Credit Act 1974 and I authorise London Bailiffs Limited to enforce this Debt.

Court Claim Number _____

For the amount of _____

Claimant Name:

Address :

Telephone

Email

Defendant Name

Address :

Telephone

Email

Additional defendant details: any known assets, vehicles and registration number, alternate addresses, places of work and additional contact details.

(Please use continuation sheet if required)

By signing this authorisation you hereby agree to our terms and conditions.

Signed _____

Date ____ / ____ / _____

Fax: **0207 788 3425 /**

Email: **contact@londonbailiffs.com**