



COLLECTION ORDER FORM

for members of the AKV EUROPA only

We charge the AKV EUROPA in our name and based on the AKV-tariffs and conditions with the collection of the below-mentioned claims:

| nr. | exact company name or first name/surname of debtor commercial register number, profession / branch, date of birth (as precise as possible) | telephone mobile fax e-mail | curency amount | invoice number and date *) statement of account | receivables category, e.g. rent, delivery of goods, supply of services, carriage | Legal action has already been taken? |
|-----|---|--------------------------------------|-------------------|--|--|---|
| | | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |

*) for **balances**, please indicate the date of payment for remainders respectively a precise list of demands

Please note: In case a debtor **disputes your claim**, please attach all relevant documents (offers, orders, invoices, notes...)

place / date: _____

enclosures: _____

firm stamp / signature: _____