

Payment Response Form

You have received this form because you have not responded to previous requests for payment of the account listed. You must either pay the account in full or complete this form and return it to "AusCollect" within 7 days to GPO Box 2664 Adelaide SA 5001 to avoid further recovery action. Should you fail to respond to this request we will assume you do not intend to pay this account in which case we will have no alternative but to recommend to our client the commencement of further recovery action involving a personal visit by a licensed collection agent and/or legal action. This will result in substantial additional costs being incurred by you.

1. Your Details: - (you must complete this section in full)

Your Personal or Business Name: -	Our Client: -
Your telephone number & email: -	Amount Owed: - \$
Your Position if a Business or Company: -	Date of Debt: -
Your Signature: -	Today's Date: -

2. Your Response: - (indicate as appropriate)

<p>I/we am/are enclosing payment in full.</p> <p>I/we admit liability for the full amount owed but am/are only enclosing part payment. (Complete section 3 below)</p> <p>I/we do not intend to pay the account. (Complete section 4 below)</p>
--

3. Request for payment by instalments: - (subject to client approval & 11% loading)

<p>I/we am/are enclosing part payment and offer to pay the balance owing as follows: -</p> <p>I/we agree to pay the remaining balance on or before __/__/____.</p> <p>I/we offer to pay an amount of \$ _____ each week/fortnight/month until paid in full commencing __/__/____ and acknowledge that I shall incur an additional 11% administration fee applied to the full balance owed.</p> <p>Amount of part payment enclosed: -</p> <p>\$</p>
--

4. Your Reason for non-payment: - (complete if appropriate)

<p>I/we have no intention of paying the amount outstanding and my/our reason is as follows: -</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
