



Dixon Commercial Investigators (1982) Inc.: P.O. Box 670, 91 Geneva Street, St. Catharines, Ontario L2R 6W8
Dixon Collection Agency Reg.: 350-6555 Chemin de la Côte-des-Neiges, Montréal, Québec H3S 2A6
Dixon Commercial Investigators (1982) Inc.: 918 16th Avenue NW, Unit 43, Calgary, Alberta T2M 0K3
Dixon Commercial Investigators Inc.: P.O. Box 550, Lewiston, New York 14092-0550

FAX 905-688-6491 ▪ QC FAX 514-731-5699 ▪ collections@dixoncommercial.com ▪ recouvrement@agencederecouvrementdixon.com

INSTRUCTIONS FOR SENDING YOUR ACCOUNTS TO DIXON FOR COLLECTION

- Using the online form on our website you can submit your accounts **ELECTRONICALLY**
- OR
- Complete this form with as much information possible (fields marked with * are required) then **MAIL, FAX** or **EMAIL** it to the appropriate Dixon office listed above.

*Your Company Name _____ *Contact _____

*Address _____ *City _____ *Prov/State _____

*Postal Code/Zip _____ *Telephone # (____) _____ Fax # (____) _____

DEBTOR INFORMATION

Debtor Service in French

*Debtor Name (First & Last or Company Name) _____

Contact Name (If Debtor is a Company) _____ Position _____

*Total Amount Owing \$ _____ *Original Invoice Date★ ____/____/____ Last Payment Date ____/____/____

Telephone # (____) _____ Cell # (____) _____ Other # (____) _____

Email address _____

Date of Birth ____/____/____ MM/DD/YY SIN _____

Drivers License # _____ License Plate # _____

*Address _____

*City _____ *Prov/State _____ *PC/Zip _____

Place of Employment _____ Work # (____) _____

Brief Description of Debt (i.e. Rent, Dental Services, Auto Repair) _____

Spouse's Name _____

Other Information _____

Check this box if additional space is required and continue on reverse side.

Check this box if attaching Invoice(s) / other documentation

★ See Client Agreement for explanation of date of invoice

COLLECTION FORM