



**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 REPORTING A PAYMENT TO DIXON

- Complete this form (fields marked with \* are required)
- **MAIL, FAX or EMAIL** this form to the appropriate Dixon office listed above.

Your Client ID # \_\_\_\_\_ Date \_\_\_\_\_

\*Your Company Name \_\_\_\_\_ \*Contact \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*Prov/State \_\_\_\_\_

\*Postal Code/Zip \_\_\_\_\_ \*Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

### PAYMENT INFORMATION

\*Debtor Name (First & Last or Company Name) \_\_\_\_\_

\*Date Payment Made \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Amount of Payment \$ \_\_\_\_\_  
MM/DD/YY

Payment Method:  Cash  Credit Card  Cheque  Money Order/Bank Draft

If partial payment, are there future payment arrangements?  Yes (Please note arrangements)  No

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Miscellaneous Information \_\_\_\_\_

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## PAYMENT REPORT FORM