



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 SKIP TRACING

- Complete this form with as much information as possible (Fields marked with * are required)
- Attach a cheque, money order or credit card information for: \$65.50 + applicable taxes (Fee returned if not located in 60 days)
- Send this form and payment to the appropriate Dixon office listed above (A report will be forwarded to you within 60 Days)

Pay by Credit Card

Visa Master Card AMEX

Name _____

Signature _____

Card # _____ Expiration Date ____ / ____

Your Client ID # _____ Date _____

*Your Company Name _____ *Contact _____

*Address _____ *City _____ *Prov/State _____

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

DEBTOR INFORMATION

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

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

Last Address _____ City _____ Prov/State _____ PC/Zip _____

Previous Address _____ City _____ Prov/State _____ PC/Zip _____

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

Email address _____

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

Drivers License # _____ License Plate # _____

Place of Employment _____ Work # (____) _____

Employer's Address _____ City _____ Prov/State _____ PC/Zip _____

Spouse's Name _____

Spouse's Employer _____ Work # (____) _____

Spouse's Employer's Address _____ City _____ Prov/State _____ PC/Zip _____

Relatives / Friends _____ Telephone # (____) _____

Other Information _____

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

SKIP TRACING FORM