

Debt Recovery

Instruction Sheet

Your Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
Name, Surname	
Company	
Street/ ZIP/City	
Phone	
Email	
File #	

Additional Details

Debtor Data

Name of Company	
Director (Name, Surname)	
Street/ ZIP/City	
Phone	
Email	

Claim Details

PLEASE NOTE: The sending of the form and/or the documents does not constitute a client attorney relationship. This requires the explicit acceptance of the mandate by the law firm by letter, fax or email. We take no responsibility for quick reaction to your request.

Amount/claim	
Reason of the claim	
How long overdue	
Date of contract	
Date of invoice	
Date of instruction (today's date)	

Please attach a copy of outstanding invoice / contract / agreement / purchase order and relevant correspondence with the opponent

PLEASE SEND TO DR.THORN Rechtsanwälte PartGmbH BY FAX ON 0049-89 -38019950
OR EMAILTO: thorn@thorn-law.com