

## CREDIT CHECK AUTHORITY

I, \_\_\_\_\_ of \_\_\_\_\_  
Company Name

Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

HEREBY AUTHORISE COLLECTIT to carry out a Credit Check on the following debtor:

Consumer Credit Check - \$45 plus GST

Debtors Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender: Male / Female

Commercial Credit Check - \$65 plus GST

Company Name: \_\_\_\_\_  
Debtors Name: \_\_\_\_\_  
Company Number (if known): \_\_\_\_\_

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Pre-paid fee for credit check to be paid to:

**Account Name:** CollectIT 2018 Limited

**Account Number:** 38-9019-0656967-00