

# Authority to Act as Your Agent



I/We hereby appoint Kemp Petersons Receivables, KPR to provide debt collection services as outlined in the Service Level Agreement. This appointment includes, without limitation authorizing KPR:

- I. To act as my agent
- II. To retain, engage and/or instruct solicitors
- III. To act on my behalf in relation to any litigation, legal proceeding or debt recovery/legal action
- IV. To make and sign demands on my/our behalf.
- V. To continue with action on accounts until a conclusion
- VI. With full authority to act on my/our behalf in all aspects of the litigation process.

This agreement applies to any accounts currently referred to KPR as well as any new accounts that are to be referred to KPR\*.

BANKING ACCOUNT DETAILS	
<b>MANDATORY - SO WE CAN REMIT FUNDS RECOVERED ON YOUR BEHALF</b>	
BANK NAME:	
ACCOUNT NAME:	
BSB:	
ACCOUNT NUMBER:	

HOW HAVE YOU HEARD OF KPR	
EVENT <input type="checkbox"/>	GOOGLE <input type="checkbox"/>
MARKETING <input type="checkbox"/>	REFERRED <input type="checkbox"/>
OTHER <input type="checkbox"/> *PLEASE SPECIFY BELOW:	

GENERAL INFORMATION	
ENTITY NAME:	
TRADING NAME:	
ABN:	
ACN:	
BUISNESS ADDRESS:	
POSTAL ADDRESS:	
PHONE:	
FAX:	
GENERAL EMAIL:	
BILLING EMAIL:	
WEBSITE:	

KPR CONNECT ONLINE PORTAL	
<b>SIGN ME UP FOR 12 MONTH SUBSCRIPTION</b>	
YES <input type="radio"/>	NO <input type="radio"/>

AUTHORISED SIGNATORY	
<i>*BY SIGNING THIS AUTHORITY TO ACT YOU ACKNOWLEDGE THAT YOU HAVE READ THIS SERVICE LEVEL AGREEMENT AND AGREE TO OUR TERMS AND CONDITIONS THEREIN</i>	
FULL NAME:	
POSITION:	
SIGNATURE: (E-SIGNATURE OR PRINT SIGN)	
DATE:	

NOMINATED CONTACT(S)	
FULL NAME:	
POSITION:	
PHONE:	
EMAIL:	
FULL NAME:	
POSITION:	
PHONE:	
EMAIL:	

*FOR KPR OFFICE USE ONLY	
RECEIVED BY:	
SIGNATURE:	
DATE:	