

Consumer Debt Assignment

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|--|-------|--------------|----------------------|
| Creditor Name: | | | Client No. |
| Address: | | | Date: |
| City: | Prov: | Postal Code: | Submitted by: |
| <i>The above noted party, for good and valuable consideration, receipt of which is hereby acknowledged, assigns absolutely & without recourse pursuant to our Agreement all its rights title and interest in the following debts to Credex Financial Services Inc.</i> | | | Signature: |

Send To:

Credex FINANCIAL SERVICES INC.

Telephone:

800.263.6334

Facsimile:

877.575.0702

Email:

clientservices@credex.ca

| | | | |
|--|------------------------|----------------------|----------------------|
| Debtor Name (1) | | SIN | DOB: mm / dd / year |
| Debtor Name (2) | | SIN | DOB: mm / dd / year |
| Address Please indicate if mail has been returned : Yes or No | | | |
| City | | Prov | Postal Code |
| Home Tel | Cell Tel | | Work Tel |
| Email Address: | | Employer Info: | |
| Amount Owing \$ | Date of Service | Calculate interest @ | From: mm / dd / year |
| * Please attach Invoice/Statement copy for debt description. | | | |

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| City | | Prov | Postal Code |
| Home Tel | Cell Tel | | Work Tel |
| Email Address: | | Employer Info: | |
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| * Please attach Invoice/Statement copy for debt description. | | | |

Debt Recovery Is Our Business.