							iei Cia	al Debt A	ooig	IIIIICIII	
Creditor Name:						Client No.					
Address:						Date:					
City:	Prov:	Postal Code:					Submitted by:				
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.						Signature:					
Send To: Credex Financial Services Inc.						Telephone: 800.263.6334 Facsimile: 877.575.0702 Email: collections@credex.ca					
Company Name						Bus	iness T	el			
Guarantor(s)						Tel					
Principal or Owner						Tel					
Address Please indicate if mail has been returned: Yes Or No											
City				Prov			stal Cod	de			
Fax	ax Other					Other					
Email Address: Websit					-						
Amount Owing \$ Date Incu											
Amount Owing \$	Date I	ncur	red	/		l	nterest	@%	from _	/	
Amount Owing \$ Description of Services render		ncur	red	/	year	li	nterest	@%	from _		
	red:								from _		
Description of Services render	red:								from _		
Description of Services render	red:				n, an	nd an		nents.	from _		
Description of Services render * Please attach Invoice(s) a	red:				n, an	nd an	y agreen	nents.	from _		
* Please attach Invoice(s) at Company Name	red:				n, an	nd an	y agreen	nents.	from _		
* Please attach Invoice(s) at Company Name Guarantor(s)	red:				n, an	Bus Tel	y agreen	nents.			
Description of Services render * Please attach Invoice(s) at Company Name Guarantor(s) Principal or Owner	red:			t, credit application	Plea	Bus Tel Tel	y agreen	nents. el		mth / day / year	
* Please attach Invoice(s) at Company Name Guarantor(s) Principal or Owner Address	red:	Of A	ccoun	t, credit application	n, an	Bus Tel Tel	iness T	nents. el		mth / day / year	
Description of Services render * Please attach Invoice(s) at Company Name Guarantor(s) Principal or Owner Address City	red: nd Statemen	Of A	ccoun	t, credit application	n, an	Bus Tel Tel ase inc	iness T	nents. el		mth / day / year	
Description of Services render * Please attach Invoice(s) at Company Name Guarantor(s) Principal or Owner Address City Fax	red: nd Statemen	r	Pro	v Website:	n, an	Bus Tel Tel Pos Oth	y agreen	nents. Fel iil has been returned if		or No	
Description of Services render * Please attach Invoice(s) at Company Name Guarantor(s) Principal or Owner Address City Fax Email Address:	other	r	Pro	v Website:	Plea	Bus Tel Tel Pos Oth	y agreen	nents. Fel iil has been returned if	: Yes	or No	