

# Consumer Debt Assignment

Address:		Date:	
City:	Prov:	Postal Code:	Submitted by:
<small>The above noted party, for good and valuable consideration, receipt of which is hereby acknowledged, assigns absolutely &amp; without recourse pursuant to our Agreement all its rights title and interest in the following debts to Credex Financial Services Inc.</small>			Signature:

**Send To:**



**Telephone:**

**800.263.6334**

**Facsimile:**

**877.575.0702**

**Email:**

[collections@credex.ca](mailto:collections@credex.ca)

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

Debtor Name (1)		SIN	DOB: mm / dd / year
Debtor Name (2)		SIN	DOB: mm / dd / year
Address <span style="float: right;">Please indicate if mail has been returned : <b>Yes</b> or <b>No</b></span>			
City		Prov	Postal Code
Home Tel	Cell Tel		Work Tel
Email Address:		Employer Info:	
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Address <span style="float: right;">Please indicate if mail has been returned : <b>Yes</b> or <b>No</b></span>			
City		Prov	Postal Code
Home Tel	Cell Tel		Work Tel
Email Address:		Employer Info:	
<b>Amount Owing \$</b>	<b>Date of Service</b>	Calculate interest @	From: mm / dd / year
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**Debt Recovery Is Our Business - A Government Licensed Debt Collection Agency**