

Legal Services Debt Assignment

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

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.			

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			
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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.			