NEW INSTRUCTION FORM

| CLIEN | Г NAME: | | | |
|--|--|---|--|--|
| ADDRI | ESS: | | | |
| CONT | ACT NAME: | | | |
| TEL NO: FAX NO: | | | | |
| EMAIL | ADDRESS: | | | |
| TO: | Steve Greenwood GREENWOOD & CO SOLICITORS, 16 BIRMINGHAM ROAD, WALSALL WS1 2NA FAX NO: 01922 720290 TEL NO: 01922 618890 EMAIL: claim@greenwoodandco.com WEB ADDRESS: www.greenwoodandco.com | | | |
| | OR DETAILS | | | - |
| OWNE | R/S NAME IF KNOV | VN | | |
| ADDRI | ESS: | | | |
| LIMITE | ED COMPANY | YES/NO IF YES, COMPANY | REGISTRATION NUMBER (If known |) |
| AMOL | INT DUE: | YOUR ACCO | OUNT REFERENCE: | |
| MONT | HLY BREAKDOWN (| OF AMOUNT DUE AND DATE D | UE FOR PAYMENT | |
| - | D f D f D f O f | DUE DUE DUE DUE DUE DUE | Feb 20f Apr 20f Jun 20f Aug 20f Oct 20f Dec 20f | DUE DUE DUE DUE DUE DUE |
| PAYMENT TERMS: C.O.D./ 30 DAYS/ NET MONTHLY/ 60 DAYS/ 90 DAYS/ OTHER (PLEASE CIRCLE) | | | | |
| GOOD | | | SERVICES RENDERED/DISHONOUR | ED CHEQUE/GOODS |
| | WHICH YOU WIL INCURRED AND A (IF THE REQUIRE RECOVER YOUR | L NEED TO PREPARE A DRAFT O ANSWERING THE DISPUTE, AND | (IF YES, A SPECIAL "LETTER BEFORE OF THE SUMMARY OF FACTS STATI D A LIST OF THE DOCUMENTS IN SU IRE RULES ARE NOT FOLLOWED, YO BT? | NG HOW THE DEBT WAS JPPORT OF YOUR CLAIM. |
| A) () B) () DEFAL | | NGS IMMEDIATELY (A "7 DAY | Y LETTER" WARNING THAT PROCEE SELVES OR GREENWOOD & CO PR | |
| ANY O | THER RELEVANT IN | FORMATION PLEASE? | | |