



# REQUEST FOR IMMEDIATE ACTION

Please forward Request to our Administration Centre: PO Box 6645, Wellesley Street, Auckland  
Phone: (09) 309 1033 Fax: (09) 309 1034  
E-mail: [arms@armsgroup.co.nz](mailto:arms@armsgroup.co.nz)

**FROM: Client Name** .....

Contact Person ..... Occupation.....

Postal Address .....

Fax No. .... Phone No. ....

I/We authorise ARMS to act as our agents in the above matter and agree to make payment of all commissions and costs in accordance with the current terms and conditions.

SIGNATURE ..... DATE .....

**DEBTOR 1** (full name).....

DATE OF BIRTH ..... SEX M/F YOUR REFERENCE .....

ADDRESS .....

(No.) (Name) (Suburb)

POSTCODE ..... CURRENT/LAST KNOWN

TELEPHONE ..... OCCUPATION.....

DATE INCURRED .....

ORIGINAL AMOUNT \$ ..... AMOUNT DUE \$.....

BRIEF DESCRIPTION OF WORK DONE OR GOODS SUPPLIED .....

FURTHER COMMENT .....

**DEBTOR 2** (full name).....

DATE OF BIRTH ..... SEX M/F YOUR REFERENCE .....

ADDRESS .....

(No.) (Name) (Suburb)

POSTCODE ..... CURRENT/LAST KNOWN

TELEPHONE ..... OCCUPATION.....

DATE INCURRED .....

ORIGINAL AMOUNT \$ ..... AMOUNT DUE \$.....

BRIEF DESCRIPTION OF WORK DONE OR GOODS SUPPLIED .....

FURTHER COMMENT .....