



Mendelsons Fixed Price Fully Inclusive Legal Solutions.

ACTION FORM

YOUR INFORMATION

Full name(s) if an individual or company name if a company or name of trustee, if a trust:	..... ..... .....	
Address:	.....	State:.....	P/Code:.....
Contact Person and position:	Name:.....	Position:.....	
Contact Details:	.....	.....	.....
If you are a corporation your ACN or ABN:	.....	

DETAILS OF THE PERSON OR COMPANY TO SUE ('DEFENDANT')

Full name of individual or company:	..... .....	
Contact Person:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/>		
Contact Details:	.....	.....	.....
If a corporation, your ACN or ABN:	.....	
Address:	.....	State:.....	P/Code:.....

PARTICULARS OF YOUR CLAIM

Nature of Debt (service or goods or other):	..... .....	
Amount of Claim:	\$.....		
Description of service or goods or other:	..... .....	
Date of services or sale of goods or other provided:	...../...../.....	Is the debt amount disputed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basis of Dispute:	..... .....	

Does the Defendant have any claim against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, full details of claim:.....
Further relevant information and additional comments:			

YOUR ACTION TO DATE

Has there been any correspondence with the Defendant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, summarize:.....
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YOUR DOCUMENTS

Please provide copies of the following documents	<ul style="list-style-type: none"> • Contract/Agreement • Credit Application • Invoices/Statements • Correspondence (including emails) • Enrolment Forms • New Customer/Client/Patient Forms • Directors Guarantees • Correspondence between you and the Defendant
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Sign:...../...../20

Your name:.....

Your position *(tick one box only)*

Principal Director Employee

TO PROCEED IS SIMPLE

1. Complete this form.
2. Post, fax or email to Mendelsons Lawyers
Private Bag 6, Mitcham, 3132
Fax: (03) 9872 4757
Email: legal@mendelsons.com.au

NO NEED TO PAY NOW
We will email a tax invoice to you.
You are committed only after you have paid.