**HOW TO PREPARE A REQUEST FOR PAYMENT,**

**ISSUE AN ACCOUNTING NOTE FOR 40 EUROS AND ORDER DEBT COLLECTION**

**Make sure that the invoice payment term has already expired. Prove the payment term expiry by presenting the tracking number of a dispatch or a confirmation of the invoice delivery to the debtor.**

Tip: If the terms and conditions of the order state that the payment date is 45 days after the invoice delivery, first determine the date of delivery (as stated on the dispatch note or delivery confirmation) and then calculate the 45-day period beginning on that date.

**Send 2 documents to the debtor in a single registered letter (templates below):**

**REQUEST FOR PAYMENT  
ACCOUNTING NOTE** for the total amount of 40 euro.

**Order debt collection for the invoice through your Dashboard that you can enter through Transcash.eu Website.**

Fill out the form using information about the unpaid invoice and provide separate information about the 40 euro accounting note. Attach the following documents to the form or send them to windykacja@transcash.eu:

unpaid invoice, contract/order, transport document, request for payment, 40 euro accounting note, delivery confirmation proving that the debtor received the invoice covered by the debt collection order, dispatch note confirming that the request for payment and the 40 euro accounting note were issued to the debtor’s address.

**REMARKS:**

1. Collecting debt recovery costs shall only be available for debt recovery orders involving the principal amount.

2. The minimum value of the outstanding invoice submitted for collection is 100.00 euro gross.

If you have any further questions, do not hesitate to contact us: tel. **+48 717 333 999**

…..................….... dnia / date...................

(miejscowość)/(place) (dd-mm-yy) / (dd-mm-rr)

Wystawca: / Issuer: Odbiorca: / Recipient:

………………………………………… …………………………………………

………………………………………… …………………………………………

………………………………………… …………………………………………

(nazwa, adres, NIP wierzyciela) / (name, address, Creditor’s Tax id) (nazwa, adres, NIP dłużnika) / (name, address, Debtor’s Tax id)

**NOTA KSIĘGOWA NR / Debit Note Number** ...............

*Original/Copy*

Dotyczy naszej faktury nr: / Relates to our invoice number : ……………………………………………….

której termin płatności upłynął w dniu: / Payment due date of our invoice passed: : …………………….

|  |  |
| --- | --- |
| **Obciążyliśmy (EUR)**  **Charged amount (EUR)** | **Podstawa prawna**  **Legal Grounds** |
| **40** | Ley 3/2004, de 29 de diciembre, por la que se establecen medidas de lucha contra la morosidad en las operaciones comerciales. (Texto consolidado.) Artículo 8. Indemnización por costes de cobro. |

Prosimy o uregulowanie ww. kwoty w terminie **1 dnia roboczego** od dnia otrzymania niniejszej noty, na rachunek bankowy nr: / Please make payment of the above amount within **1 work day** from receiving this note to the following account: ……………………………..…………………………………………………………........................................

……….................................................. …............................................

(podpis osoby upoważnionej do wystawienia dokumentu) (podpis odbiorcy)

(signature of the person authorized to issue this document) (signature of recipient)

…..................….... dnia / date...................

(miejscowość)/(place) (dd-mm-yy) / (dd-mm-rr)

Wystawca: / Issuer: Odbiorca: / Recipient:

………………………………………… …………………………………………

………………………………………… …………………………………………

………………………………………… …………………………………………

(nazwa, adres, NIP wierzyciela) / (name, address, Creditor’s Tax id) (nazwa, adres, NIP dłużnika) / (name, address, Debtor’s Tax id)

**WEZWANIE DO ZAPŁATY / DEMAND FOR PAYMENT**

Informujemy, że do dnia dzisiejszego nie otrzymaliśmy zapłaty należności wynikających z faktury: / We hereby inform you that until this day we have not received payment arising from the following invoices:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Numer / Number** | **Data wystawienia / Date of issue** | **Termin płatności/ Payment due date** | **Kwota brutto /**  **Gross amount** | **Waluta / Currency** | **Do zapłaty / Amount to pay** |
|  |  |  |  |  |  |

Prosimy o uregulowanie ww. kwoty w terminie **1 dnia roboczego** od dnia otrzymania niniejszej noty, na rachunek bankowy nr: / Please make payment of the above amount within **1 work day** from receiving this notice to the following account: ……………………………..…………………………………………………………........................................

………..................................................

(podpis osoby upoważnionej do wystawienia dokumentu)

(signature of the person authorized to issue this document)