

LETTER OF INSTRUCTION GARAGE KEEPERS' LIEN

TO: ALTERNATIVE BAILIFF SERVICES LTD
109 – 1289 Highfield Crescent SE
Calgary, AB
T2G 5M2

PH: 403-543-0900(TOLLFREE)866-643-0900
FAX: 403-543-0909(TOLL FREE) 866-643-0901
WEBSITE: www.alternativebailiff.com
EMAIL: admin@alternativebailiff.com

PLEASE PROCEED WITH ENFORCEMENT PROCEEDINGS AGAINST:

NAME OF DEBTOR(S): _____

DEBTOR'S ADDRESS: _____

DEBTOR'S POE: _____ DEBTOR'S PHONE/CELL#'S: _____

Please enclose copies of the required documents listed below and any other relevant info:

SIGNED INVOICE/WORK ORDER

PPR LIEN

TOTAL AMOUNT OWING (\$): _____ LIEN EXPIRY DATE: _____

ACCOUNT/INVOICE # _____ PLATE: _____ COLOUR: _____

INVOICE DATE: _____ HAVE POSSESSION OF COLLATERAL: YES NO

COLLATERAL TO BE SEIZED: _____

LOCATION OF PROPERTY: _____
(if different from debtor's address)

REMOVAL INSTRUCTIONS: _____

SPECIAL INSTRUCTIONS OR EXTENUATING CIRCUMSTANCES:

We hereby confirm that we have the legal right to seize property of the debtor(s) as identified above pursuant to a garage keepers' lien and there for instruct Alternative Bailiff Services Ltd to seize the above collateral.

I/We the undersigned hereby authorize Alternative Bailiff Services Ltd. and its acting to seize collateral on our behalf and leave it on a Bailee's Undertaking with the Debtor or another responsible party, who will have control of the Collateral. I/We the undersigned hereby indemnify Alternative Bailiff Services Ltd. and its agents and employees in respect to its fees, charges, expenses, and any claims for damages whatsoever that may be incurred by them with regards to their execution of this mandate on my/our behalf or anything completed in relation thereto. This indemnity shall continue to be in effect and cover all services requested by the customer. In the event of litigation to which this indemnity applies, the customer agrees to fund, during the course of such litigation, the legal defence costs of Alternative Bailiff Services Ltd. and its directors, shareholders, employees and agents. All information shall be treated as privileged and confidential and will not be released to any other party without prior written authorization by the client or authorized representative. I/we authorize Alternative Bailiff Services Ltd., its agents and employees to act on our behalf and be our agents with regards to their execution of this mandate or anything completed in relation thereto. We also provide Alternative Bailiff Services Ltd. authorization to sign documents on our behalf.

INSTRUCTING CLIENT (NAME OF COMPANY): _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME (PRINT)

DATE: _____