

LETTER OF INSTRUCTION LANDLORD DISTRESS

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

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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 TENANT(S): _____

TENANT'S ADDRESS: _____

TENANT'S PHONE/CELL#'S: _____

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

COPY OF TENANCY AGREEMENT/LEASE

OTHER

TOTAL RENT OWING: _____ NO. MONTHS BEHIND: _____

BEST TIME TO SEIZE: _____

SPECIAL INSTRUCTIONS OR EXTENUATING CIRCUMSTANCES:

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.

DATE: _____

INSTRUCTING CLIENT (NAME OF COMPANY): _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME (PRINT)