

LETTER OF INSTRUCTION

PersonalPropertySecurityAct

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 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:

SECURITY AGREEMENT

REFERENCES

OTHER

TOTAL LOAN BALANCE OWING (\$): _____ ARREARS(\$): _____

ACCOUNT # _____ PLATE _____ COLOUR _____

NEXT PYMT DATE: _____ MONTHLY PYMT: _____ CONTRACT DATE: _____

COLLATERAL TO BE SEIZED: _____

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

REMOVAL INSTRUCTIONS: _____

SPECIAL INSTRUCTIONS OR EXTENUATING CIRCUMSTANCES: _____

I/We the undersigned hereby authorize Alternative Bailiff Services Ltd. and its agents to seize collateral on our behalf and surrender the collateral to us or leave it on a bailees undertaking if requested. 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: _____