

General Distress Seizure Instructions

□ Edmonton – 280 10123 99 Street Edmonton, AB T5J 3H1 □ Calgary – 300 801 Manning Road NE, Calgary, AB T2E 7M3 □ Email: calgary@ccebailiff.ca or edmonton@ccebailiff.			
Debtor Information Debtor Name(s): Address: Phone: Gender: Male / Female Best time to seize: Other Debtor Info.:	File Information Date: Your Reference: Contact Name: plus costs. Total Arrears \$ plus costs. Attachments □ Warrant or □ Prepare & sign Warrant for us (\$50) □ Statement of Amount Owing □ Seizure Deposit (minimum - \$750)		
Seizure Instructions RUSH (Additional fees apply) We hereby confirm that we have the legal right to seize the property of the Debtor as identified above, pursuant to money owed to us under the (fill in the name of the Act and therefore instruct Consolidated Civil Enforcement Inc. to: Seize sufficient assets of the Debtor to satisfy the total amount owing to the Creditor. OR Seize the property listed below:			
 □ Remove the property to secured storage or to the following □ OR Leave goods on a Bailee's Undertaking in the possession 			

Continued on Page 2

Contract and Indemnity

Contract for Services

Instructing Party (Individual or Legal Name of Company): ___

The undersigned Instructing Party hereby warrants to Consolidated Civil Enforcement Inc. (Consolidated) that it is the enforcing party, or that it is the lawful agent of the enforcing party or is otherwise legally authorized to give instructions on behalf of the enforcing party to Consolidated and that it has determined that the enforcement activities instructed herein are lawful. Upon instructing Consolidated, the Instructing Party shall be responsible for the costs of such services, including all costs required to lawfully complete, suspend or withdraw civil enforcement activities. The Instructing Party agrees to pay for all services performed and invoiced by Consolidated within 30 days of the invoice date. Such services will be charged at the rate published by Consolidated with the Sheriff for the Province of Alberta. The Instructing Party shall pay interest on overdue amounts at a rate of 18% per annum, calculated annually, not in advance. The Instructing Party further agrees to provide deposits or other advances for civil enforcement services to be performed upon the request of Consolidated.

Address:		
Phone:		Email:
Signature (Required)		Name (please print)
Indemnity		
indemnifies on a solicitor and his respect of its fees, charges and display it in respect of any function call ability arising from the negligentiall services requested from time fund, during the course of such list.	s own client basis Conso sbursements and in responsarried out on the enforce ce or willful misconduct of to time. In the event of litigation, the legal defens	given to Consolidated are lawful and factually accurate and hereby blidated, and its directors, shareholders, employees, and agents in ect of any suit, liability, or claim for damages that might be incurred ement instructions. However, this indemnity shall not extend to any of Consolidated. This indemnity shall remain in force with respect to itigation to which this indemnity applies, the undersigned agrees to se costs of Consolidated and its directors, shareholders, employees, de additional indemnities, bonds or assurances as required by
(Individual or Legal Name of Cor	mpany):	
Address, Phone and Fax (if differ	ent from above):	
Signature <mark>(Required)</mark>		Name (please print)

Previous P.P.R. Registration Number (W.C.B. only)	Civil Enforcement Agency File Number

Warrant

Bank Act	BAN
Туре	Code

TO:

CONSOLIDATED CIVIL ENFORCEMENT INC.

Civil Enforcement Agency - Issuing Office

Calgary Office - 200 807 Manning Rd NE Calgary, AB T2E 7M8 Ph: 403 262-8800 Fx: 403 262-8801 Email: calgary@ccebailiff.ca **Edmonton Office -** 280 10123 99 Street Edmonton, AB T5J 3H1 Ph: 780 448-5833 Fx: 780 448-0698 Email: edmonton@ccebailiff.ca

You are hereby instructed to seize the personal property of					
		Name a	and Address of Debtor		
in order to satisfy ar	outstanding debt in the a	amount of			
owing to				plu	ıs costs.
<u> </u>		Name of	Creditor	·	
Location of personal pro	perty if different from the debtor	's address			
	С	ated at	,	, on	20
	_		Signature of Instructing 0	Creditor or Authorized Agent	
Print Name of Instructing	Creditor or Authorized Agent				
Address of Instructing C	reditor or Authorized Agent			City	
Province Sep12/96	Postal Code		Telephone Number	Fax Number	

MasterCard/Visa Authorization Form

Today's Date		
Card Type:	☐ VISA ☐ MasterCard	
Retainer Amount:		
Cardholder Name:		
Card Number:		
Expiry Date:		
Additional charges incurred	By signing below I hereby authorize Consolidated Civil Enforcement Inc. to charge the above noted credit card for invoices incurred on this file. I agree to pay these charges and understand that Consolidated Civil Enforcement Inc. will forward me copies of the same marked as paid by credit card.	
Card Holder Signature:		
	For CCE Office Use Only	
CCE File Number	: Authorization Date:	
Authorization Num	nber: Authorizing RM:	
CCE Invoice Payment		
Invoice #:	Invoice Amount: Authorization Date:	
Invoice #:	Authorization Date:	