| WICTION | | | | |
|---|-------------------------------|--|--|--|
| | LETTER OF INSTRUCTION | N | | |
| Civil Enforcement | PPSA | | | |
| TO: WESTERN CIVIL ENFORCEMENT AGEN | CY | PHONE: 403-236-2566 | | |
| Unit 126, 1111 – 6 th Ave S.W. | | FAX: 403-236-2275 | | |
| CALGARY T2P 5M5 | | western@civilenforcement.com | | |
| Name of Creditor(s) | | | | |
| Name of Debtor(s) | | | | |
| Number of Debtor | | | | |
| Address of Debtor(s) | | | | |
| Debtors Employer | | | | |
| Current Arrears \$ | Full Balance: \$ | | | |
| Vehicle Information | VIN: | | | |
| Year: Make: | _Model: | Color: | | |
| Seized assets are to be (mark one): | Placed in storage | □ Auction | | |
| Surrender seize asset to: | | | | |
| If you wish us to prepare and/or serve the | Notice of Intent to Sell plea | ase indicate by circling how the security is | | |
| to be sold: 🔲 public auction 🔲 tender 🗌 private sale 🔲 other: | | | | |

Please attach a copy of your Security Agreement / Contract and Verification Statement / PPR Registration

We the undersigned hereby indemnify Western Civil Enforcement Agency Inc. and its agents and employees in respect to its fees, charges, expenses and any claims for damages that might be incurred in respect of any function or duty carried out under the *Civil Enforcement Act*, or any other act during the term of this agreement. This indemnity does not extend to any proven liability arising from the negligence of willful misconduct of Western Civil Enforcement Agency Inc. Should litigation occur the Customer agrees to provide further indemnities and bonds and to provide or fund any legal representation required by Western Civil Enforcement Agency Inc. and the cost of legal action against Western Civil Enforcement Agency Inc. The customer agrees to pay all solicitor-client costs of Western Civil Enforcement Agency Inc. should the Customer default in paying any costs arising from this agreement. We authorize Western Civil Enforcement Agency Inc. and your civil enforcement agency to act as our agent to perform the necessary searches and to complete any documentation necessary for seizure to be affected in this matter

| Instructing Client/Company Name | | | | |
|---------------------------------|------|-------------|--|--|
| Address | | | | |
| Phone: | Fax: | Email: | | |
| Credit Information | | | | |
| Card Name: | | Expiration: | | |
| | | | | |
| | | | | |