

- Edmonton** – 4882 97 Street Edmonton, AB T6E 5R9
- Calgary** – 300 801 Manning Road NE, Calgary, AB T2E 7M8
- Email:** calgary@ccebailiff.ca or edmonton@ccebailiff.ca

Phone: 780 448-5833 Fax: 780 448-0698
 Phone: 403 262-8800 Fax: 403 262-8801
 Website: www.ccebailiff.ca

<p>Debtor Information</p> <p>Debtor Name(s): _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ Gender: Male / Female</p> <p>Date of Birth: _____</p> <p>SIN: _____</p> <p>Other Debtor Info. (i.e. last known employer, etc.):</p>	<p>File Information</p> <p>Date: _____</p> <p>Your Reference: _____</p> <p>Contact Name: _____</p> <p>Attachments</p> <ul style="list-style-type: none"> <input type="checkbox"/> Filed Copy of Writ of Enforcement <input type="checkbox"/> Filed Copy of Certificate of Judgment <input type="checkbox"/> Verification Statement – PPR Registration <input type="checkbox"/> Deposit (In Town \$630.00 / Out of Town \$787.50)
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Garnishee Summons Instructions

RUSH (Additional fees apply)

We hereby confirm we have an outstanding Judgment in the Province of Alberta and therefore instruct Consolidated Civil Enforcement Inc. to:

Garnish the debtor’s employment earnings:
 NAME AND ADDRESS OF EMPLOYER FOR SERVICE OF THE GARNISHEE SUMMONS

Garnish the debtor’s deposit accounts
 NAME AND ADDRESS OF BRANCH WHERE DEBTOR’S ACCOUNT IS LOCATED

Garnish the debtor’s money from other sources
 DETAILS ABOUT SOURCE ALONG WITH NAME AND ADDRESS FOR SERVICE OF THE GARNISHEE SUMMONS

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Contract and Indemnity

Contract for Services

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.

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

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Signature (Required)

Name (please print)

Indemnity

The undersigned confirms that enforcement instructions given to Consolidated are lawful and factually accurate and hereby indemnifies on a solicitor and his own client basis Consolidated, and its directors, shareholders, employees, and agents in respect of its fees, charges and disbursements and in respect of any suit, liability, or claim for damages that might be incurred by it in respect of any function carried out on the enforcement instructions. However, this indemnity shall not extend to any liability arising from the negligence or willful misconduct of Consolidated. This indemnity shall remain in force with respect to all services requested from time to time. In the event of litigation to which this indemnity applies, the undersigned agrees to fund, during the course of such litigation, the legal defense costs of Consolidated and its directors, shareholders, employees, and agents. The undersigned further agrees to provide additional indemnities, bonds or assurances as required by Consolidated from time to time.

(Individual or Legal Name of Company): _____

Address, Phone and Fax (if different from above): _____

Signature (Required)

Name (please print)

MasterCard/Visa Authorization Form

Today's Date	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> 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:	

ATTACH PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD

For CCE Office Use Only

CCE File Number: _____ Authorization Date: _____

Authorization Number: _____ Authorizing RM: _____

CCE Invoice Payment

Invoice #: _____ Invoice Amount: _____ Authorization Date: _____

Invoice #: _____ Invoice Amount: _____ Authorization Date: _____

Consolidated Civil Enforcement Inc.

300 801 Manning Road N.E. Calgary, AB T2E 7M8 * Phone: (403) 262-8800 * Fax: (403) 262-8801
 Toll Free Phone: (888) 262-2626 * Toll Free Fax: (888) 262-8803