

Send by email to: RTPS@ccebailiff.ca

Head Office – 300 801 Manning Road NE, Calgary, AB T2E 7M8
 Website: www.ccebailiff.ca

Calgary Ph: 403-262-8800 Fx: 403-262-8801
 Edmonton Ph: 780 448-5833 Fx: 780 448-0698

Tenant Details:

Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Last Known Address: _____ City: _____ Postal Code: _____

Judgment Details (Landlord/Tenant Orders):

Date judgment was granted: _____ Date served on tenant(s): _____

JUDGMENT AMOUNT
(Complete the table with information found in your court order.)
\$ _____ (Amt 1) awarded to up to: _____ (date)
\$ _____ (Amt 2) per diem from _____ (date) to _____ (date)

FINAL CALCULATION
\$ _____ Total Judgment (Amt 1 + Amt 2)
Minus
\$ _____ Total Deductions (Amt 3 + Amt 4)
Equals
\$ _____ Current Amount Owing

DEDUCTIONS/PAYMENTS APPLIED TO THE DEBT
The tenant has paid the following since the judgement was granted: \$ _____ (Amt 3).
The tenant paid a security deposit of: \$ _____
The following portion of the deposit will be applied to the judgment: \$ _____ (Amt 4)

<p style="text-align: center;">Required Documents/Attachments</p> <p><input type="checkbox"/> Filed Judgment/Order</p> <p><input type="checkbox"/> Filed Affidavit of Service</p> <p><input type="checkbox"/> Deposit Required - \$157.50</p>
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INSTRUCTING PARTY (CUSTOMER) CONTRACT & INDEMNITY

The undersigned hereby confirms that the information provided above is lawful and factually accurate and indemnifies on a solicitor and his own client basis Consolidated Civil Enforcement Inc. (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 carrying out this function. Such liability will not extend to liability arising from negligence or willful misconduct of Consolidated. Customer agrees to pay for all services performed and invoiced by Consolidated within 30 days of the invoice date and shall pay interest on overdue amounts at a rate of 18% per annum, calculated annually, not in advance.

Date: _____ **Your reference #:** _____ **Contact:** _____

Instructing Party (Legal Name of Company): _____

Address: _____ (Including Postal Code)

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

Signature **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: (800) 313-4270 * Toll Free Fax: (888) 262-8803