



Effective Group

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REPOSSESSION ORDER

This is your authorization to seize, (store & sell) the below described security.

Client Information

Client Name _____ Client Contact _____
Address _____
Client Phone: _____ Fax: _____ Email: _____

Debtor Information

Name: _____ Home Address: _____
City: _____ Postal Code: _____ Phone: _____
Place of Employment: _____ Address: _____
City: _____ Phone: _____

Security Information

Please attached a copy of your BC Lien for our file.

Loan / Account Number: _____
Contract Date: _____ Date next payment due: _____
Monthly Payment Amount: _____ Arrears: _____ Loan Balance: _____
Original Loan Balance _____
Year: _____ Make: _____ Model: _____ Colour: _____
VIN#: _____ License Number: _____ Expires: ___ / ___ / ___
Special Instructions or
Information: _____

Upon so acting on our behalf for the recovery of the above security we irrevocably agree to idemnify you and save you harmless from all loss, damage and expense (including all our own out of pockets solicitors fees, disbursements and court costs) which you might incur or suffer arising from, or as a consequence of, acting on our behalf.

We agree to pay your fees and such expense as might be incurred.
We also confirm that we do not rely upon you or your employees for legal advice with respect to acting on your behalf.

Dated: _____ Authorized Signature: _____