

**J. McMILLAN BAILIFF and COLLECTION LTD.
FULLY LICENSED AND BONDED**

4A - 100 Wallace Street
Nanaimo, BC, V9R 5B1
Phone: (250) 753-7729
Fax: (250) 753-7739
Toll free: 1-877-686-2929

I, _____ OWNER OF _____

HEREBY GIVE J. McMILLAN BAILIFF and COLLECTION LTD. AUTHORITY TO COLLECT DELINQUENT ACCOUNTS ON OUR BEHALF. IF ANY LEGAL ACTION IS DEEMED NECESSARY, J. McMILLAN BAILIFF and COLLECTION LTD. WILL NOTIFY THIS OFFICE BEFORE IT COMMENCES ANY LEGAL ACTION.

Whereas:

The Creditor at the best of his or her knowledge warrants the names and amounts are to be correct and legally due.

If a file is sent in error, product returned or a settlement (personal or professional) is made the commission fee will be charged.

The client agrees that if payments are made directly to their office this will be considered a direct payment and are subject to full commission and this agent must be notified immediately.

In the event that this client wishes to cancel the listing it must be in writing and a fee maybe charged.

If any debtors are making payments upon closing then we charge our full commission on existing balance outstanding.

The creditor will make NO arrangements with debtors placed into collections. Where payment arrangements are made with the debtor without prior approval from our office, full commission on the balance will be charged.

This letter is also to confirm that for any services which we provide for you or for a company or business in which you have an interest that regardless of the name or address on the invoice, you agree to personally pay those invoices in the event that the business or company is unable.

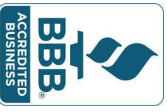
The Client authorizes their agent to endorse any cheques, drafts, notes or money orders sent to the Agent's Office in the name of the Creditor, and the Agent will place funds in trust for the Creditor.

SIGNED: _____ TELEPHONE: _____

DATED: _____ ADDRESS: _____

Commission _____ % (Variable)

Members of Better Business Bureau



CLIENT NAME: _____ PHONE: _____

DEBTOR INFORMATION:

1. Name: _____ Amount Owning: _____
Address: _____ Phone Number: _____
Date Service Rendered: _____
Other: _____

2. Name: _____ Amount Owning: _____
Address: _____ Phone Number: _____
Date Service Rendered: _____
Other: _____

3. Name: _____ Amount Owning: _____
Address: _____ Phone Number: _____
Date Service Rendered: _____
Other: _____

4. Name: _____ Amount Owning: _____
Address: _____ Phone Number: _____
Date Service Rendered: _____
Other: _____

5. Name: _____ Amount Owning: _____
Address: _____ Phone Number: _____
Date Service Rendered: _____
Other: _____

Attach all pertinent documents including cheques, and why they were returned to your office (account closed, NSF, dishonoured, etc.)

