

**MCKERNAN GOWANS**623 Lakeview Crescent
Nelson B.C. V1L 5G6Vancouver: (604) 664-7796 Fax: (250) 352-5369 Nelson: (250) 352-6397
email: persistence@mckernangowans.com**LOSS PROFORMA**

_____, hereafter referred to as "Client", agrees to list the following accounts for collection as per the agreement the Client has with McKernan Gowans. Please complete this page, date, sign and return with appropriate documentation (i.e. INVOICES, STATEMENTS, RETURNED CHEQUES). I /we further agree to pay the stated rate of recovery commission (33%). I/we agree to pay upon receipt of our invoice and any accruing interest (2% per month) on past due invoices.

Date: _____ Signature and name of Contact: _____

Direct Phone: _____

Debtor Account Profile

Last Name or Company Name	First Name	Middle Name	Alias

Complete Address including Postal Code

Home Phone	Business Phone	Cell / Pager
_____	_____	_____

Date of Birth	S.I.N. #	Drivers License #
_____	_____	_____

Customer Account #	Date Opened:
_____	_____

Loss Principal	Date of Write Off/Loss
_____	_____

Type: _____