



MCKERNAN GOWANS
3349 Tennyson Cres
North Vancouver BC V7K 2A9
Vancouver: 604-999-9704 BC Interior: 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

Date of Birth S.I.N. #

Customer Account # Date Opened:

Loss Principal Date of Write Off/Loss

Type: _____