

IN THE MATTER OF THE RECEIVERSHIP OF ASL DIRECT INC.

Proof of Claim

(Name of Creditor – Please Print)

All notices or correspondence regarding this claim must be forwarded to the following address:

(Address of Creditor to which Notices should be sent – Please Print)

ASL Account Number

I, (name of creditor or representative of creditor), of (city and province), do hereby certify:

In the matter of the receivership of ASL Direct Inc. of Toronto, Ontario and the claim of , creditor.

- 1. That I am a customer of ASL Direct Inc.'s Trailer Fee Rebate Program (or that I am (state position or title) of (name of creditor or of the representative of the creditor)).
2. That I have knowledge of all the circumstances connected with the claim referred to below.
3. That the debtor was, at the date of receivership, namely the 17th day of November, 2008, and still is, indebted to the customer in the sum of \$..... , as specified in the statement of account (or affidavit) attached and marked Schedule "A", after deducting any counterclaims to which the debtor is entitled. (The attached statement of account, or affidavit must specify the voucher or other evidence in support of the claim.)

- 4. (Check and complete appropriate category.)
[] A. UNSECURED CLAIM OF \$..... (other than as a customer contemplated by Section 262 of the Act)
That in respect of this debt, I do not hold any assets of the debtor as security and (Check as appropriate description.)
[] Regarding the amount of \$....., I do not claim the right to a priority.
[] Regarding the amount of \$....., I claim a right to a priority under section 136 of the Act. (Set out on an attached sheet details to support priority claim.)

- [] B. SECURED CLAIM OF \$.....
That in respect of this debt, I hold assets of the debtor valued at \$..... as security, particulars of which are as follows:
(Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.)

- [] C. CLAIM UNDER THE TRAILER FEE REBATE PROGRAM \$.....
That I hereby make a claim as a customer for net equity as contemplated by subsection 262 of the Act, particulars of which are as follows:
(Give full particulars of the claim, including the calculations upon which the claim is based)

5. That, to the best of my knowledge, I am (*or* the above-named creditor is) (*or* am not *or* is not) related to the debtor within the meaning of section 4 of the Act.
6. That the following are the payments that I have received from, and the credits that I have allowed to, the debtor within three months (*or, if the creditor and the debtor are related within the meaning of section 4 of the Act, within the 12 months*) immediately before the date of the initial bankruptcy event within the meaning of Section 2 of the Act: (*Provide details of payments and credits.*)

Dated at, thisday of

..... Witness

..... Creditor

Phone Number:

Fax Number:

E-mail Address:

This Proof of Claim must be provided to and received by the Monitor on or before March 16, 2009, the Claims Bar Date, at the following address:

KPMG INC.
Receiver and Manager of ASL Direct Inc.
199 Bay Street
Suite 3300
Toronto, Ontario M5L 1B2
Canada
Attention: Janine Bradley