

Date Received:

Assumption of Consumer Lease Agreement

Assignor Identification (Original / Curre	nt Lessee)			
Name of Original / Current Lessee(s):		Date of Original Last Assignment:	Lease Agreement or	
Installation Address (the "Premises"):	Town or City:		Postal Code:	
Assignee Identification (New Lessee)				
Name of New Lessee(s):		Transfer Date:		
Mailing Address:	Town or City:		Postal Code:	
Telephone Number:	Email Address:		Date of Birth:	
WHEREAS 4K Energy Inc., as Lessor, and the Assignave been assumed by the Assignor) entered into a permitted assignments or other authorized modification (Equipment) by the Assignor from the Lessor, as more	a consumer lease ons, the " Agreeme ore particularly des	agreement (togethe ent") providing for the cribed in the Agreem	r with any amendments, e lease of equipment (the ent;	
AND WHEREAS the Assignor is permitted to assign the Agreement in accordance with the provision of Section 14 of the Agreement;				
AND WHEREAS the Assignor and Assignee have entered into an Agreement of Purchase and Sale for the Premises as identified above (or have entered into some other ownership transfer arrangement) that recognizes the Equipment as rented and not included in the purchase price therein and requires the Assignee to assume the Agreement;				
NOW THEREFORE THIS INDENTURE WITNESSET contemplated herein in accordance with the terms of receipt and sufficiency whereof is hereby acknowled follows:	of the Agreement a	and for good and va	luable consideration (the	
 The Assignee hereby agrees to assume, and sha Assignor under the Agreement and otherwise to be Assignee was the original contracting party the obligations under the Agreement upon the latest of of Consumer Lease Agreement is delivered to the 	be bound by the Agereto. The Assignor of (a) the Transfer D	reement as and from or shall be deemed	the date hereof, as if the to be released from all	
Ownership of and title to the Equipment will at all times, except upon purchase in accordance with the Agreement, remain with the Lessor and the Assignor acknowledges it has no interest in the Equipment and the Assignee acknowledges it has no interest in the Equipment other than the right to possess, insure and use the Equipment under the Agreement being assumed during its term.				
Original Lessee(s) / Assignor(s) Signature(s)		D	ate	
New Lessee(s) / Assignee(s) Signature(s) (Must Be All Legal Owners of the Premises)		D	ate	
PLEASE RETURN COMPLETED FORM T	O ADMIN@4KE	NERGY.CA OR FA	AX 519-913-1830	
FOR OFFICE USE ONLY:				

Acknowledgment Signature:



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Please complete this authorization form and return to admin@4kenergy.ca

TYPE OF APPLICATION				
New Up	date	Cancellation	Change of Ownership	
CLIENT INFORMATION				
Name:				
Address:				
City/Province:				
Postal Code:				
Phone #:				
Email Address:				
FINANCIAL INSTITUTION INFORM	ATION			
Name of Financial Institution:				
Address of Financial Institution:				
Transit Number:				
Account Number:				

AUTHORIZATION AGREEMENT

I hereby authorize 4K ENERGY INC. to initiate automatic withdrawals from my account at the financial institution named below. I also authorize 4K ENERGY INC. to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold 4K ENERGY INC. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

Lessee acknowledges and agrees that Payment amount may change from time to time, with notice to the Lessee, to reflect maintenance cost increases and other inflationary costs. Lessee agrees to account set-up fee (currently \$35) as billed by Lessor.

This agreement will remain in effect until 4K ENERGY INC. receives a written notice of cancellation from me or my financial institution. It is to the sole responsibility of the payee to notify the payer in writing of any bank accounts changes and/or closures a minimum of 30 days in advance. This notification requires written documentation and/or a new EFT Authorization Form to be submitted to the Accounting Department.

Name (Print)	Signature
Title	Date (DD/MM/YYYY)

PLEASE ATTACH A VOID CHEQUE WITH THIS APPLICATION