

Date Received:

Assumption of Consumer Lease Agreement

Assignor Identification (Current	Lessee)		
Name of Original / Current Lessee(s):		Date of Original Lease Agreement or Last Assignment:	
Installation Address (the "Premises"):	Town or City:		Postal Code:
Assignee Identification (New Le	essee)		,
Name of new Lessee(s):		Transfer Date:	
Mailing Address:	Town or City:		Postal Code:
Telephone Number:	Email Address:		Date of Birth:
Social Insurance No.: Driver's Licence		No:.	
WHEREAS 4K Energy Inc., as Lessor, and nave been assumed by the Assignor) ento permitted assignments or other authorized Equipment") by the Assignor from the LesaND WHEREAS the Assignor is permitted	ered into a consumer lease modifications, the " Agreem sor, as more particularly des	e agreement (togetheent") providing for the scribed in the Agreen	er with any amendments e lease of equipment (the nent;
he Agreement;			•
AND WHEREAS the Assignor and Assigne as identified above (or have entered into so as rented and not included in the purchase	ome other ownership transfe	r arrangement) that i	recognizes the Equipmen
NOW THEREFORE THIS INDENTURE We contemplated herein in accordance with the eceipt and sufficiency whereof is hereby collows:	ne terms of the Agreement	and for good and va	aluable consideration (the
. The Assignee hereby agrees to assume Assignor under the Agreement and othe Assignee was the original contracting obligations under the Agreement upon the Consumer Lease Agreement is deliver	rwise to be bound by the Aq party thereto. The Assign ne latest of (a) the Transfer D	reement as and fron or shall be deemed	n the date hereof, as if the I to be released from a
 Ownership of and title to the Equipment remain with the Lessor and the Assign acknowledges it has no interest in the I under the Agreement being assumed du 	nor acknowledges it has no Equipment other than the rio	interest in the Equ	ipment and the Assigne
Current Lessee(s) / Assignor(s) Signa	ture(s)	Date	
New Lessee(s) / Assignee(s) Signatur (Must be Legal Owners of the Premises)	re(s)	Date	
PLEASE RETURN COMPLETED F	FORM TO ADMIN@4K	ENERGY.CA OF	R FAX 519-913-1830
FOR OFFICE USE ONLY:			
. S. C. SI I IOL OOL SINET.			

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 INFORMATION				
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