

Date Agreement Signed (Y/M/D):

Name:

**Contract Information** 

## **ASSUMPTION OF RENTAL CONTRACT (NEW PREMISES OWNER)**

Name of Contract to be Assumed:				Date of Contract to be Assumed:	
Installation Address	(Number, Street Nam	e, Unit Number)	Town or City:	Postal Code:	Tel/Fax Number:
New Premises Owner I	nformation Given name:	Middle na	mo: St	urname or Corporate Na	me
IVII IVIIS IVIISS IVIS	Given патіе:	ivildale na	me. St	amame or Corporate Na	me.
Mailing Address	(Number, Street Nam	e, Unit Number)	Town or City:	Postal Code:	Tel/Fax Number:
Previous Premises Own	ner Information				
Mr Mrs Miss Ms	Given name: Middle name: Surname or Corporate Name:				
("Enercare") and to The New Premises of the Previous Prev	the New Premises On Owner hereby agree remises Owner who beerved or performed ew Premises Owner ify and hold Enercal Contract.	wner whose infores to assume, and see information and thereunder a were the origing harmless for	ormation is above (t nd shall observe and is above under the and otherwise be bo nal contracting party	the "New Premises of perform, all of the Contract describe ound by the Contract the New ons and liabilities	e obligations and liabilities ed above (the "Contract") ract as and from the date w Premises Owner hereby of the Previous Premises
legal name):				(If New Prem	ises Owner is a Corporation):

Please return by e-mail to <a href="mailto:Assumption.Agreement@enercare.ca">Assumption.Agreement@enercare.ca</a> or by mail to 7400 Birchmount Rd, Markham, ON, L3R 5V4

Signature:

(I have authority to bind the New Premises Owner)

Authorized Enercare Signature:

Print name:

Title:

New Premises Owner's: Date of Birth: Y

D

Important: In order to ensure billing of the rental contract is transferred to new resident of the property, please ensure you also contact us at 1-800-266-3939 as we may require additional information to commence billing.

Name and Signature of New Premises Owner's Spouse (If Applicable):