

4299 Queen Street East, Unit 1 Brampton, Ontario L6T 5V4 Phone: 1-800-844-9936 Fax: 905-794-3712

Email: info@allianzepowercorp.com

ASSIGNMENT / TRANSFER OF RENTAL AGREEMENT

IF YOU ARE SELLING OR TRANSFERING YOUR HOME, COMPLETE THE FOLLOWING INFORMATION AND SEND IT TO ALLIANZE A.S.A.P.

Property Sale Closing D	ate:	
Property Address with R	ental Equipment:	
Street Address:		
	, Ontario, Postal Code:	
I/We,	(individually and collectively, th	ne "Customer"), hereby assign all of Customer's rights,
interest, and obligations	under the Consumer Rental Agreement, Contract #	, between Customer and Allianze Power
Corp. to	(individually	and collectively, the "Assignee") and the Assignee
conditions thereof.	es to assume all rights, interest and obligations of the Custo Customer Name:	
Date:	Co-Signee's Name:	Co-Signee's Signature:
Date:	Assignee's Name:	Assignee's Signature:
Home phone: ()	Work or cell phone: ()	ext Email:
Date:	Assignee's Name:	Assignee's Signature:
Home phone: ()	Work or cell phone: ()	ext Email:
	of completed and signed form and MAIL ORIGINAL of co	

Please fax or email copy of completed and signed form and MAIL ORIGINAL of completed and signed form to:

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