



**TRANSFER OF RESPONSIBILITY FORM**

**DATE:** \_\_\_\_\_

**FORMER CUSTOMER**

I here by authorize Group Maskatel Québec L.P. to transfer the following account

\_\_\_\_\_, to  M.  Mrs. \_\_\_\_\_.

Effective date: \_\_\_\_\_.

I understand I will be responsible for all charges incurred prior to the effective date, including any charges for services used prior to such effective date that are billed after this date. I agree to settle with the new tenant about the sharing of charges from the requested date since the invoice will be issued to the new tenant's name.

\_\_\_\_\_  
*Former customer name (please print)*

\_\_\_\_\_  
*Signature*

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**NEW CUSTOMER**

I here by take the responsibility about the account number indicated above for the total amount of the invoice starting on the effective date, and I will be responsible for all charges that are incurred from this date forward.

I agree to settle with the previous tenant about the sharing of charges from the requested date since the invoice will be issued under my name.

\_\_\_\_\_  
*New customer name (please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Phone number*

Please return this completed form to [info@maskatel.qc.ca](mailto:info@maskatel.qc.ca) or by mail to the address below.