



SUN RIVERS
 Corix Multi-Utility Services Inc.
 PO BOX 20217
 Kelowna, BC V1Y 9H2
 Phone: 250-377-7757
 Fax: 250-377-7232
 Billing Inquiries: 1-877-788-7277
 Email: customercare@corix.com

APPLICATION FOR SERVICE

Customer Information		
Name:	Account Number:	Office Use Only
Mailing Address:	Home Phone:	Cell Phone:
City:	Postal Code:	Email Address:
Emergency Contact and Phone:		
Date of Birth:	Additional Name:	

Service Location Address (Location where we will be providing service)	
Location:	Possession Date:

If Premise is Rented or Leased	
Name and Mailing Address of Owner:	Business Telephone:
	Other Telephone:

Residential / Commercial Status (Applicable only in British Columbia for PST purposes)	
Select one of the following options:	
A) <input type="checkbox"/> The utilities that will be purchased are for residential use. There are no commercial or business activities carried out at the service address. Residential use is defined as being the permanent residence of someone; this includes a continuous rental of over 30 days.	
B) <input type="checkbox"/> The utilities used at this service address are exempt from PST for other reasons – please specify: _____ Please also provide a copy of your exemption certificate or other supporting documentation.	
C) <input type="checkbox"/> Commercial or business activities will be undertaken at the service address. Commercial activities would include this unit being used in a short term rental pool. Rentals of 30 days or less are commercial activity and taxable	
<i>If your premises use changes it is the applicant's responsibility to notify Corix Multi-Utility Services Inc. in writing.</i>	

Utility Services Required (Homeowner select Yes or No)																																										
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Office Use Only

Reason for Termination

New Application Received

Non-Payment of Utilities

Seasonal Disconnect

Termination Requested

Date of Termination: _____

Agreement

- I/WE AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND I/WE UNDERSTAND THAT THE TERMS OF SERVICE REQUIRE PAYMENT IN FULL OF ALL ACCOUNTS WITHIN 21 DAYS (UNLESS OTHERWISE STATED IN WRITING) OF INVOICE DATE AND I/WE UNDERSTAND THAT INTEREST ON OVERDUE ACCOUNTS SHALL BE AT THE RATE STIPULATED ON THE INVOICE OR IF NO RATE IS STIPULATED AT A RATE EQUAL TO THE LESSOR OF 1.5% PER MONTH (19.6% COMPOUNDED ANNUALLY) AND THE MAXIMUM LEGAL INTEREST RATE ALLOWABLE. THE APPLICANT(S) CONSENT(S) TO CORIX (1) USING THE APPLICANT'S PERSONAL INFORMATION (INCLUDING FINANCIALLY-RELATED INFORMATION) WHEN IT IS NECESSARY IN ORDER TO SERVE THE APPLICANT AS A CUSTOMER, TO MEET LEGAL AND REGULATORY REQUIREMENTS, AND FOR INTERNAL AUDIT, STATISTICAL AND RECORD-KEEPING PURPOSES; AND (2) OBTAINING ANY REPORTS, INCLUDING ANY CREDIT, BACKGROUND AND OTHER PERSONAL INFORMATION ABOUT APPLICANT THAT CORIX DEEMS NECESSARY FROM ANY THIRD PARTIES INCLUDING CREDIT BUREAUS AND REPORTING AGENCIES OR OTHER CREDIT GRANTORS, AND CONSENTS TO THE DISCLOSURE AND EXCHANGE OF SUCH INFORMATION BY AND AMONG CORIX AND SUCH THIRD PARTIES (INCLUDING CREDIT AGENCIES AND BUREAUS AND OTHER CREDIT GRANTORS) FOR THE PURPOSES OF EVALUATING THE APPLICANT'S ELIGIBILITY FOR SERVICES THAT ARE REQUESTED BY APPLICANT.
- THE UNDERSIGNED, BY APPLYING FOR SERVICE AND SIGNING THIS APPLICATION, ACKNOWLEDGES AN OBLIGATION TO PAY FOR SERVICES PROVIDED BY CORIX IN ACCORDANCE WITH THIS APPLICATION AND ALL APPLICABLE TERMS AND CONDITIONS AND RATES AND CHARGES AND TO BE BOUND BY AND COMPLY WITH ALL APPLICABLE TERMS AND CONDITIONS AND RATES AND CHARGES AS AMENDED OR REPEALED FROM TIME TO TIME AND AVAILABLE FOR INSPECTION AT CORIX'S OFFICE IN KAMLOOPS, BRITISH COLUMBIA.

Date: _____ Signature: _____ Printed: _____