Case Receivable Management Inc – Builders' Lien Registration

Your company info	rmation			
Name:				
Address:				
City:		Prov:	Postal Code:	
Owner of property	where work wa	is done		
Name:				
Address:				
City:		Prov:	Postal Code:	
Legal description o	f land where we	ork was dor	le	
Lot:	Block:		Plan:	
Description of worl	c or materials s	upplied		
Name:			aterials were provid	
City:		Prov:	Postal Code:	
the lien may be registed work was completed or	an improvement t red in the Land Title	o an oil or gas es Office not la	well, or to an oil or gas w ater than 90 days from the l.	
Check one box only: \Box The work was com	pleted or the mat	torials last si	ipplied on (date) of	- 20
OR			als have <u>not</u> yet been fu	
The sum claimed as	s due or to becc	ome due is s	5	
The address for ser Case Receivable Man Suite 280 2181 Premier Way Sherwood Park, AB. 7	agement Inc.	holder is:		

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of **Case Receivable Management Inc.** filing Builders Liens on my/our behalf and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I/We hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against **Case Receivable Management Inc.** and their directors, officers, employees, guides, agents, independent contractors, representatives, successors and assigns and **TO RELEASE Case Receivable Management Inc.** from any and all liability for any loss, damage, expense that I may suffer.

2. **TO HOLD HARMLESS AND INDEMNIFY Case Receivable Management Inc.** from any and all liability resulting from filing builders' liens on my/our behalf.

3. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;

4. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the province in which the lien was filed; and

5. I hereby authorize **Case Receivable Management Inc**. to file a Builders Lien on our behalf solely based upon the information I provide to **Case Receivable Management Inc**.

6. I understand that the statement of lien in Alberta must be filed (i) within a 45-day period, or (ii) with respect to an oil or gas well or an oil and gas well site, within a 90-day period following the completion or abandonment of the work or of the supplying of the last of the materials or else it ceases to exist. It is my/our responsibility to submit my/our lien for registration to **Case Receivable Management Inc**. within the correct time period, pursuant to section 22(2) of the Interpretation Act, R.S.A. 2000, c.B-7.

7. I/We recognize that it is our responsibility to begin legal action before the time period of 180 days in Alberta from the initial filing date to protect the Builders Lien if not paid.

8. I/We are familiar with the Alberta Builders' Lien Act, R.S.A. 2000, c. B-7 and the terms and conditions therein.

9. I/We guarantee that names and amounts of the builders liens requested are correct.

10. I/We recognize that in the event of Application to Prove Lien by the property owner that I/We must retain separate legal counsel in defense of the same.

We agree to pay Case Receivable Management Inc. \$275.00 + GST upon receipt of invoice for CRMI Builders' Lien Registration Service. Once the lien is processed you will receive a certified copy of title evidencing your lien.

In entering into this Agreement I/We are not relying on any oral or written representations or statements made by **Case Receivable Management Inc.** with respect to the filing of builders' liens, other than what is set forth in this Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST CASE RECEIVABLE MANAGEMENT INC.

Signed this d	ay of		, 20		
Client Legal Name:					
Authorized signature of cli	ent:				
Print name and title:					
Your company address:					
City:		Prov:	Postal Code:		
Phone:	Fax:		Cell:	_ Email:	