



Administration Office
26-34th St E, Saskatoon, SK S7K 0S9
Invoicing Phone: (306) 664-3158
Shredding Dispatch : (306) 664-3347
Walk In: Door 14, 1301 Ontario Ave
shred@cosmoindustries.com



Service Setup Form

This Service Setup Form is effective as of the ____ day of ____ ("Effective Date") and confirms service details between **Cosmo Shred**, operated by **Cosmopolitan Industries**, and _____ ("Customer"). This Form authorizes Cosmo Shred to provide shredding services and outlines billing and service location information. It does **not** represent a binding agreement or minimum service commitment.

Invoices will be sent to:

Billing

Company: _____

Attention: _____

Street: _____

City: _____ Prov: _____ Postal Code: _____

Billing Contact: _____ Phone: _____ Fax: _____

Purchase Order #: _____ Email: _____

☐ **Business** ☐ **Residence**

Scope of Work:

Confidential Shredding: Cosmo Shred will provide Services for the secure destruction of Customer documents ("Services"). The Services may, at Customer's option, be performed as part of a regular schedule or pursuant to specific directions which Customer shall give Cosmo Shred from time to time. Cosmo Shred will pick up material from the Customer. Destruction of confidential documents will be **undertaken at Cosmo Shred's secure location**. Cosmo Shred assumes responsibility only when the driver takes control of document/materials. All work will be done in a timely and secure manner to ensure complete confidentiality. **Cosmo Shred is AAA Certified by NAID.**

Confidentiality: "Confidential Information" means any information relating to the Customer's property, business and affairs shall be held in confidence by **Cosmo Shred** and shall be used only for the purposes provided in this Form. **Cosmo Shred** shall use the same degree of care to safeguard your Confidential Information as it uses to safeguard its own.

"Opportunity Lives Here"

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Containers: **1) Cosmo Shred provides collection containers.** The Customer agrees that if collection containers are damaged or removed while in the customer's possession, the customer will reimburse **Cosmo Shred** for replacement cost of new container.

2) In the event that the Customer owns containers to be serviced, the containers must be deemed suitable for the intended purpose by Cosmo Shred.
The Customer, upon termination of this agreement, will return all Cosmo Shred containers or compensate Cosmo Shred for their replacement cost.

Liability: **Cosmo Shred** shall not be responsible or liable in any manner whatsoever for the release or loss of any materials deposited in confidential containers or otherwise delivered to it for secure destruction unless the release or loss is due to **Cosmo Shred's** negligence or willful misconduct.

Right to Rely on Instructions. Cosmo Shred may act in reliance upon any instruction, instrument, or signature reasonably believed by Cosmo Shred to be genuine. Cosmo Shred may rely upon any written notice, oral request or oral instruction given by the following Customer Representatives:

_____	_____
_____	_____
_____	_____

Fees and Payments – Cosmo Shred shall provide the Services as outlined in this Agreement for the fees itemized under Fees and Schedules for each Service Location. Invoices are submitted monthly and are due and payable within thirty (30) days from receipt of the applicable invoice. Cosmo Shred shall give 60 days' notice of any price increases.

Fees:

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Service Address Form

Services Billed To: _____

Service Location

Company or Building Name: _____

Unit: _____ Street: _____

City: _____ Province: _____ PCode: _____

Site Contact 1: _____ Phone: _____

Site Contact 2: _____ Phone: _____

Service Location Email: _____

Services to be Performed:

Container Size/Type	Exact Location on Site	Pick-up Schedule

(attach additional Service Addresses as necessary)

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