

USER ACCOUNT OPENING REGISTRATION FORM

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| For internal use only | Account No | |
| | CSR ID | |

Applicant Information (Please use block letters. All requested information is required.)

| | | |
|--|--|---|
| First Name | Middle Initial | Last Name |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Business Name (if applicable) | Email | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Mailing address | Phone Number | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| City | Province | Postal Code |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> |

Account Information (Please check one box for each line.)

| | | |
|---|--|----------------------------------|
| Account Type Requested | <input type="radio"/> Individual | <input type="radio"/> Commercial |
| Language Preference | <input type="radio"/> French | <input type="radio"/> English |
| Preferred Method to Receive Statements and Communications | <input type="radio"/> Sent by Email Statements (FREE - email address required) <input type="radio"/> Sent by mail (service charges according to the current Fee Schedule will apply) <input type="radio"/> Sent by SMS (cell phone number: _____) | |
| Replenishment Method | <input type="radio"/> Automatic Replenishment Payment Method by Credit Card (enter Credit Card information below) <input type="radio"/> Non-automatic Replenishment Payment Method (<i>Maintenance of a positive credit balance is the sole responsibility of the customer</i>) | |

(Customer account administrative fees are charged on a per vehicle registered to you customer account basis. For more information, please consult CA25's website or contact the A25 Customer Service.)

If Automatic Payment Replenishment Method by Credit Card is chosen, please enter data below

| | |
|--|--|
| Credit Card for Automatic Payment Replenishment (check one): <input type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> American Express Credit Card Number: <input style="width: 100%;" type="text"/> Expiration Date (MM/YY) CVV* <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | <input type="checkbox"/> Check if billing address is same as above. <input type="checkbox"/> Check if billing address is different than above. Enter information below: Name on Card <input style="width: 95%;" type="text"/> Billing Address <input style="width: 95%;" type="text"/> City Province <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Postal Code <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> |
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*CVV number is required to complete your registration. An agent will contact you in this regard. Your request will be pending until completion.

Vehicle Information (Provide details for each vehicle to be added to the user account. Use additional sheet for more vehicles.)

- I certify that the vehicle (s) (s) is (are) registered (s) and recorded (s) in my name
- I have completed and attached the vehicle registration form for the vehicle (s) not registered in my name

Licence Plate Number Province Make Model

Year Color No Axles⁽¹⁾ Category⁽²⁾ 1 or 2 Date of Ownership

Toll Charge Method (Please check one box): Transponder⁽³⁾ Video-toll

Licence Plate Number Province Make Model

Year Color No Axles⁽¹⁾ Category⁽²⁾ 1 or 2 Date of Ownership

Toll Charge Method (Please check one box): Transponder⁽³⁾ Video-toll

Licence Plate Number Province Make Model

Year Color No Axles⁽¹⁾ Category⁽²⁾ 1 or 2 Date of Ownership

Toll Charge Method (Please check one box): Transponder⁽³⁾ Video-toll

- (1) Part (or set of parts) supporting the wheels of a vehicle at its ends, transversely disposed under the vehicle
 (2) Category 1 : Every road vehicle that is not considered to be outside the norms within the meaning of Article 462 of the Highway Safety Code and whose height is less than 230 cm.
 Category 2 : Every road vehicle that is not considered to be outside the norms within the meaning of Article 462 of the Highway Safety Code and whose height is equal to 230 cm or more
 (3) A transponder is an electronic device which, when attached to the vehicle, allows electronic toll collection. The toll option for video is for a vehicle without a transponder; the passages on the A25 Bridge are identified by licence plate imagery. In addition to the amount of the toll, the user must pay an administrative fee for each passage. Consult the Fee Schedule.

Applicant Name

First Name Middle Initial Last Name

Calculation of Initial Deposit Amount

Number of transponders required: #

Number of vehicles to be entered to the account: # 'a'

Initial Deposit Amount Required per Registered Vehicle (according to the Terms of Use): \$ 'b'

Amount due to complete vehicle registration to customer account (multiply 'a' and 'b'): \$

Payment for initial deposit (Please choose one method.)

- By Credit Card (the Credit Card information on the previous page of this Registration Form will be used.)
- By Cheque or Money Order
 Make cheque or money order payable to "A25, the Smart Link" and send to: **A25 Service Centre
 6801 Levesque Blvd East
 Laval, QC H7A 0E1**
- By Debit Card or Cash (only accepted in person at the Customer Service Centre A25)

Authorization

- With this signature;
- (1) I authorize Concession A25 L.P. to debit from the credit card listed above, if applicable, the total amount of the initial deposit and / or the amounts of any futur automatic replenishment;
 (2) I agree to send to Concession A25 L.P., if applicable, the total amount of the initial deposit required to open my customer account
 (3) I have carefully read the Terms and Conditions contained within this Registration Form and agree to be bound by them;
 (4) I agree and consent to the Terms and Conditions within this Registration Form;
 (5) I certify that all information contained in this Registration Form is true and accurate; and
 (6) I certify that I have given my consent and have obtained the consent of the owner of the vehicle not registered under my name.

Signature _____ Date _____

A25 agent signature _____ Date _____