

PLEASE COMPLETE ALL SECTIONS ON THIS FORM

Name / Affiliate ID:

Promo Code:

COMPANY DETAILS (THE "PROGRAM PARTICIPANT")

Company Legal Name and "doing business as" Trade Name

☐ Sole Proprietor ☐ Partnership ☐ Corporation

Company Address

Unit

City

Province

Postal Code

Website

PRIMARY CONTACT & CARDHOLDER (must also be a Director and Signing Officer or Business Owner)

Name ☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss (Last name, First and middle name)

Company Phone

Company Fax

Position/Title

Email Address

Home Street Address

☐ Own
☐ Rent

Date of birth (dd/mm/yyyy)

Social Insurance Number (optional)

City

Prov.

Postal Code

Home Telephone

Personal Cellular

☐ Driver's Lic. ☐ Passport ☐ Birth Cert ☐ S.I.N.

Expiry Date (dd/mm/yyyy)

☐ Driver's Lic. ☐ Passport ☐ Birth Cert ☐ S.I.N.

Expiry Date (dd/mm/yyyy)

1. ID Number:

2. ID Number:

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR COMPANY BANK ACCOUNT

Account Holder Name

Name of Signing Officer(s)

Bank Address

Name of Bank

City

Province

Postal Code

Transit Number

Institution Number

Account Number

By Signing below I, agree to the following Pre-Authorized Debit Payment Agreement and Payment Options:

- I agree and authorize Newbridge Advantage to Pre-Authorized Debit ("PAD") my Business Bank Account for: a one-time **\$49.95** Application Fee, and on the 1st of each month for my monthly Prepaid Card Fees: (a) Primary Card is **\$19.95/month**; plus (b) for each additional card is **\$4.95/month**, or as may be amended; and
- I agree and authorize the PAD requests that I submit from time to time through the Newbridge Advantage's website. **I also agree to waive the advance notice period and agree to have my PAD requests processed as soon as it is received by Newbridge.**
- I declare that the payments are for Business uses only.

Yes, I agree and confirm that I am the signing officer for the PAD Bank Account indicated above and I am authorized to provide consent for Pre-authorized Debit of this Bank Account. I authorize Newbridge Advantage ("Newbridge") to debit the PAD Bank Account for all amounts owed and owing to Newbridge from time to time for the payment amounts indicated under the Payment Options on this Form or my PAD requests submitted through Newbridge's. I the Payor may revoke my authorization at any time, subject to providing 30 days written notice to Newbridge by fax at (888) 963-9274 or by mail to our office at 3000 Steeles Avenue East, Suite 300, Markham, Ontario L3R 4T9. Furthermore, I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

To obtain a sample cancellation form or for more information on recourse rights and Payor's rights to cancel a PAD Agreement, contact a financial institution or visit www.cdnpay.ca. Any other questions please send mail or fax to: Newbridge Advantage, 300 – 3000 Steeles Avenue East, Markham, Ontario L3R 4T9. Telephone Number: (416) 410-2188. Facsimile Number: (416) 410-2177. Email: Advantage@newbridgecanada.com.

Signature of
Signing Officer(s):
Date:
By signing below, I [the "Primary Cardholder"], and as an authorized signing officer on behalf of the Program Participant confirm that:

- I acknowledge and confirm that I have the authority to bind the Corporation and execute this Agreement on behalf of the Program Participant.
- I have read and hereby acknowledge and I agree to the Terms and Conditions for the Newbridge Advantage Business Prepaid Card Program (the "Program"). Furthermore, I agree that Newbridge Advantage ("Newbridge") may collect, use and share my personal information as described in the Privacy Consent section of the Program Terms and Conditions.
- I acknowledge, and agree that by using the Prepaid Card I will accept the terms and conditions of the Cardholders Agreement that comes with the Card.
- I acknowledge that I have reviewed and by my participation in any Newbridge Advantage programs that I accepted the terms and conditions for the product or service that I may be subscribed through Newbridge's website: www.newbridgeadvantage.com.
- I confirm that I am of the age of majority in my province, that I am a Canadian resident, and that the information I provide in this application is true and accurate.
- I agree, and authorize Newbridge or any other organization authorized by Newbridge to obtain credit reports or other information about me (Primary Cardholder) and about the Program Participant [Company] from any person. By submitting this application I acknowledge that my authorization and consent will remain in force until the product(s) or service(s) are terminated.
- I agree and consent to be kept informed about products, services and promo offers via mail, phone, email and/or SMS.

Please include with returning application: A VOID CHEQUE, and COPY OF ID
RETURN APPLICATION by Fax: 1-888-963-9274 or Email: Application@NewbridgeAdvantage.com
Primary Card Holder Signature:
Date:
Signing Officer Signature:
Date:

Newbridge Advantage Business Prepaid Card Program

This document constitutes the service agreement ("Agreement") detailing the Terms and Conditions for the Newbridge Advantage Business Prepaid Card Program ("Program"). In this Agreement, the words: "We," "us", "our", and "Newbridge" mean Newbridge Advantage, any one of Newbridge Financial Groups of Companies, and affiliates. "You", "your", "Employer" and "Program Participant" mean the company or business entity who is subscribed and is participating in the Newbridge Advantage Business Prepaid Card Program. "Additional Card", mean any other Prepaid Card issued to you or to your employee after the Primary Card. "Application", means the application for this Program or the application for product or service offered within or outside this Program. "I", "my", "me", the "Employee" and "Applicant" mean the individual, who is the Program Participant's employee, and named on the Application for a product or service in this program. "Cardholder", mean the individual who is your employee for whom you have requested us, by submitting an Application, to issue a Reloadable Personalized Prepaid Card ("Prepaid Card"). "Program Partner", mean third party company or business entity who owns a product or service that is supplied by Newbridge. "Primary Card", mean the prepaid card that is associated to the Program Participant's primary member login on the Program website at www.NewbridgeAdvantage.com.

PRIVACY CONSENT

Newbridge, its affiliates and Program Partners may keep you informed about other products, services and offers, which may be of interest to you. If you do not wish these communications to be made to you please notify us in writing. **IMPORTANT NOTE:** You have agreed that you wish to receive these communications from us, you may be contacted even if you have registered your phone number on any governmental do not call register. **VERIFICATION** – By submitting this application you acknowledge that these acknowledgements and consents will remain in force until all product(s) and facility(ies) which you may have with us is/are at an end. **CALL RECORDING** – Your telephone calls and conversations with Newbridge representative may be recorded and monitored for quality, training and verification purposes.

1. We collect yours and the Cardholder's personal information to assess the application submitted to us. If you do not provide us with the information or the information provided is incorrect or incomplete, we may not be able to process your application or provide or administer the products or services that you are seeking. 2. To provide you with products and services, and manage your relationship with us and our Program Partners, we may share your personal information with other Newbridge affiliates, Program Partners, and other parties. If you have applied for a Newbridge Advantage Prepaid Card, we will also share your information with other entities and organizations involved in the Card Program. 3. We reserve the rights, to obtain your personal credit and commercial credit information from a credit reporting agency or other organization that provides personal credit and commercial credit information. 4. We may use your personal credit and commercial credit information: (a) to assess your application; (b) to assess Cardholder's application; (c) to verify yours and the cardholder's identity. 7. You can view the Newbridge Privacy Policy on our website www.NewbridgeAdvantage.com or attain a copy by calling us on 416-410-2188. You can also access your personal information we hold by contacting us at the number above; a charge may apply for this access.

BUSINESS PREPAID CARD PROGRAM

By accepting and using any product and service in the Program you agree: 1. To be bound by the terms and conditions in this Agreement and the agreements for the product or service you, your employee, and the cardholder uses or is subscribed to in this Program. 2. To be liable for all fees incurred by you, your employee and the cardholder. The various charges are detailed below and include the fees from the product and service agreements to which you, and your employee are subscribed (collectively referred to as "Program Fees"). 3. To setup with us a Pre-authorized Debit Agreement ("PAD" Agreement) for the purpose of: (a) payment of monthly recurring Program Fees, (b) transfer of funds for Loading Cardholder accounts associated with your subscription to our Program, and (c) payment of any non-recurring Program Fees. For more details about your Pre-Authorized Debit Agreement and your recourse rights, contact your financial institution or visit www.cdnpay.ca. 4. To furnish information to us as necessary for compliance and maintenance of your program that may include but limited to: copy of identifications, bank account, and signed authorization forms. 5. To safeguard the security of the Program website, Prepaid Card, and other Program product and service by reporting immediately any unauthorized access or use of your login credentials to Program website or related product and service websites, and lost or stolen Prepaid Card; either to Newbridge or to our Program Partners.

When you are accepted to the Program, you will receive a login and password to the Program website at www.NewbridgeAdvantage.com, where you can: 1. Order and assign Additional Card. 2. Purchase or subscribe to additional product and service. 3. Load funds to the prepaid cards which are associated to your Program. 3. View the prepaid card(s) account activities and transactions. 4. Manage yours, your employee's, and the Cardholder's product and service subscriptions. You agree that at our discretion we can from time to time add or remove or to change the service and product offered on our Program website.

ORDERING ADDITIONAL CARDS

You may submit an Application through our Program website using your login credential or by completing a paper form for Additional Card to be used solely by your employee. By submitting the application you agree to: 1. Acknowledge that the Applicant is your employee. 2. Verify and submit to us two pieces of government issued document that identify the Applicant. 3. Submit to us the Applicant's signed Additional Card Authorization form.

By using the Prepaid Card I, the Primary or Additional Cardholder, agree: 1. To be bound by the terms and conditions in the Cardholder Agreement, and in this Agreement. 2. To use the Prepaid Card only in the manner and for the purposes described in the Cardholder Agreement. 3. To Authorize Newbridge to disclose to my Employer information about my prepaid card transaction activities, and to accept instructions from the Employer as if it was instructed directly from me; unless the prepaid card was issued to me for the purpose of commission payments. For commission purpose, my employer may only load funds onto my prepaid card, and be informed about the available balance on my card.

FEES AND CHARGES

You are subject to various fees including and not limited to the following: Application Fee (One time) \$99.95; Prepaid Card Fee: for Primary Card is \$9.95/month, and additional card is \$4.95/card/month; Loading Fee is \$2.50; NSF Fee is \$30.00 each occurrence; Paper Statement Fee is \$20.00. Other product and service fees are detailed in the product or service agreements found also on our website: www.NewbridgeAdvantage.com.

NOTICE OF CHANGE FOR FEES, RATES, AND SERVICES

We will post notice on our website www.NewbridgeAdvantage.com of any changes to the product and service in this Program. It is your responsibility to check for these notices periodically. All notice of change will be posted 30 days in advance of when a change will take effect. You cannot dispute the changes, and your only recourse is to cancel this Agreement. Your continue use of this Program will be your acknowledgement and acceptance of the changes.

CANCELLING THIS AGREEMENT

You can cancel this agreement at any time by telling us in writing that you want to do so. When you cancel this Agreement all fees are immediate due and payable in full. We can cancel this Agreement and demand payment on the full outstanding amount without any reason by giving you 30 days written notice. We can

also cancel this Agreement without written notice or any notice whatsoever if we believe that the product or service in this Program has been or will be misused, or any of the terms and conditions are breached or violated by you, your employees, or cardholders. In addition, we can also cancel any product or service and require you to return any documents, and associated materials to us, or to someone acting on our behalf, when we ask for them. If either of us cancels this agreement all fees are immediately due and payable in full. Any termination will not affect any of our rights or your obligations under this Agreement or any product or service agreements prior to termination.

ACCOUNT STATEMENT

We do not send out statements. For information about the product and service in this Program you can login to your account through www.NewbridgeAdvantage.com. However, should you require a statement you can order statement by calling our office at 416.410.2188 or by faxing your request to 888.746.1735; a paper statement fee will apply.

REPRESENTATION

If you complete the application, you represent and warrant to us that all information supplied in the application and any future information that you provide to us is and will be correct and complete. You further acknowledge that we will be relying on that information to determine your eligibility for product and service in this Program. You acknowledge that no one else has a financial interest in the funds you transfer to us or the prepaid card and the proceeds advanced to the prepaid card will not be used by or on behalf of any third party.

The persons signing on behalf of the Program Participant represents and warrant that he/she has the legal authority to execute this and other related agreements in this Program.

INDEMNIFICATION BY PROGRAM PARTICIPANT

You agree that we and our directors, officers, employees, agents, program partners will not be liable for any loss, expenses or damages suffered or realized to you or your company: 1. If, through no fault of ours, you do not have funds with us to perform a transaction in this Program; 2. Except as provided in this Agreement, losses arising from any failure, error, or technical problem with our system or equipment; 3. If we are prohibited by law from completing a transaction; 4. If circumstances beyond our reasonable control prevent the transaction, despite reasonable precaution that we have taken; 5. For unauthorized transaction until you have notified us of the misuse, lost, or theft; and 6. If we decline to authorize a particular transaction, regardless of the reason.

You agree that we and our officers, employees, agents, program partners will not be liable for any loss, costs, damages, expense, claims whatsoever or inconvenience suffered or incurred by you arising from the use of the Program, loss or theft, negligence on our part, breach of contract or any other tort or cause of action at common law, in equity or by statute in relation to the use or operation of the Program, or if you are unable to access any product and service as a result of any failure, error, or malfunction, even if such failure, error, or malfunction was a result of our negligence or that of our employees or agents. We and our directors, officers, employees and agents will not be liable under any circumstances for any indirect, special punitive or consequential losses or damages.

You agree that you are solely responsible for paying all applicable federal, provincial, and municipal taxes, income taxes and/or duties including but not limited to sales taxes, and federal and provincial payroll taxes relating to the funds you transfer to the prepaid card in this Program. We will add sales taxes to the Program Fees where required by applicable laws, and you will pay such taxes unless you can provide us with a duly executed sales tax exemption certificate.

NO WAIVER

The failure of us to enforce at any time any of the provisions of this Agreement, or to exercise any right, election or option provided herein, shall not be a waiver, and shall in no way be construed as a waiver, of such rights, election or option, nor shall failure in any way be construed to affect the validity of this Agreement or any part thereof, or our right thereafter to enforce each and every such provision.

FORCE MAJEURE

We are not responsible for failing to perform our obligations under this Agreement if we are prevented from doing so by unforeseen events or circumstances beyond our control, including, without limitation, acts of God or nature, wars, riots, embargos, acts of civil or military authorities, fires, floods, accidents, strikes, labour disputes, transportation delays or shortages, interruption in the supply of electricity, and other causes beyond our control. We are not responsible for any losses caused to you as a result of such circumstances.

CONTACT INFORMATION

You can send correspondence, inquiry, obtain information about us, and contact us at the following: Newbridge Advantage | 300-3000 Steeles Avenue East | Markham, Ontario | L3R4T9; Tel. 416.410.8200; Fax. 888.963.9274 / 416.410.8201; Email info@newbridgeadvantage.com

ASSIGNMENT

This Agreement or the obligations in this agreement is not assignable by the Program Participant and Cardholder. We may assign this agreement to another party at any time.

SEVERABILITY

If any provision of this Agreement is determined to be void or unenforceable, all other provisions of this Agreement shall remain valid and enforceable as though the void or unenforceable provision had never been a part thereof.

DISCLAIMER

While every effort will be made to ensure all information sources provide correct information relating to the product and service offered in this program, we rely on many information sources, some of which are outside our control, and we will not be held liable or responsible for the accuracy of information from such sources.

You acknowledge that any money transfer or held by Newbridge does not have any protection from the Canadian Deposit Insurance Corporation ("CDIC") nor will you be able to have any recourse to CDIC. This Program is only available to Companies in the common law provinces and is not available to residences of the province of Quebec.

GOVERNING LAW

This Agreement will be governed by and interpreted in accordance with the laws of the Province of Ontario, Canada.

STATORY PROTECTION

It is acknowledged that you have certain rights pursuant to consumer protection legislation of your Province; you are encouraged to review these rights and ensure that you understand your rights.

LANGUAGE

The parties have requested that this agreement and all documents related to it be drawn up in English. Les parties conviennent et exigent expressément que ce contrat et tous documents émis en vertu de celui-ci soient rédigés en anglais.

Help us know you better

Questions	Your Answers		
Name of your Company			
Is your Company Located in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No, please specify:		
Does your company have any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" to the previous question, please provide the Name, Location, and Contact for subsidiaries represented by this application	Subsidiary Name	Location	Contact Information
Nature of your business (please check if applicable)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Health Care <input type="checkbox"/> Realtor <input type="checkbox"/> Wholesaling / Retailing <input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Cheque Cashing <input type="checkbox"/> Other: _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Retailing <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Import / Export <input type="checkbox"/> Distribution <input type="checkbox"/> Money Service Business <input type="checkbox"/> Currency Exchanger </div> <div style="width: 33%;"> <input type="checkbox"/> Financial Advisor <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Printing / Publishing <input type="checkbox"/> Restaurant <input type="checkbox"/> Casino / Gaming <input type="checkbox"/> Money Transmitter </div> </div>		
Length of time in Business	Length of time in industry: _____ months _____ years		
Number of Employees	Total Numbers _____ Management _____ Staff _____		
Estimated Number of Prepaid Card Required	Total Numbers _____ Management _____ Staff _____		
What Products or Services are offered by your company?	No.	Product / Service Description	
Where do you anticipate using the Prepaid Card?	Name of Vendors (Top 3)		Average \$ / month