

Application to receive One Simple Bill

Apply for One Simple Bill for two or more existing 407 ETR accounts by using this form.

- Please print in CAPITAL letters using BLUE or BLACK ink.
- If there are more account holders than this form can accommodate, please use additional copies of this form.

Once you've completed this form:

- Fax it to (905) 264-5315; or
- Mail it to, or drop it off, at 6300 Steeles Avenue West, Woodbridge, Ontario L4H 1J1

You can also apply to receive One Simple Bill online at www.407etr.com.

In this form, the words *you* and *your* refer to the primary account holder and all other account holders who sign this form. The words *we*, *our* and *us* refer to 407 ETR.

What you agree to when you apply for One Simple Bill

Eligibility

Your account must be paid in full in order to be eligible for One Simple Bill.

Sharing of information

Your existing bill will be replaced by One Simple Bill. It will contain information relating to all accounts listed in the Application to receive One Simple Bill.

Your other accounts

We may include in the One Simple Bill any of your other accounts of which we become aware.

Personal accounts

The primary account holder agrees that the other account holders listed in the Application to receive One Simple Bill will be alternate contacts and can make changes to the One Simple Bill accounts.

Business accounts

All business account holders may access the One Simple Bill account information but only the primary account holder can make changes to it.

Payment

The primary account holder is primarily responsible for payment of the One Simple Bill, and if pre-authorized payment is the chosen method of payment, the credit card or bank account for this purpose must be in the name of the primary account holder. However, both the primary account holder and the other account holders, individually and collectively, are responsible for payment of all outstanding amounts owing. Non-payment may result in individual bills and licence plate denial.

When you make payments or we make adjustments to your accounts, we retain the right to determine how the money will be allocated to pay the amounts owing to us in the One Simple Bill, including the accounts to which payments will be applied.

Communication

The One Simple Bill and other communications from us will be addressed to the primary account holder only and may be sent by mail (where delivery will be considered made five (5) days after mailing) or by email or other electronic means (where delivery will be considered made on the same day).

Cancellation

To end your One Simple Bill, simply notify us by phone or in writing. We will process your request within 45 days of notification and you will then receive individual bills.

We may separate One Simple Bill into individual bills for each account holder, at our sole discretion, at any time, and without notice to you.

In either of the above cases, each account holder will continue to be responsible for payment of all outstanding amounts owing on One Simple Bill, individually and collectively, prior to the date of the individual bills.

If an outstanding balance remains after ending One Simple Bill, and if your account is pre-authorized for payment, we may charge your credit card or debit your bank account for such balance.

Changing terms

We may change these terms and conditions at any time and will notify the primary account holder of such changes in advance. If you do not agree to the changed terms and conditions, you may choose to end One Simple Bill within 7 days of the changed terms and conditions taking effect.

Transponder lease

If you lease a transponder, these terms and conditions shall apply in addition to the transponder lease terms and conditions. Transponder lease terms and conditions are accessible online at www.407etr.com.

Application

to receive One Simple Bill

1 Information about the primary account holder.

Account number

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<input type="checkbox"/> Mr. Last name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First name			Middle initial	
Registered business name				Operating business name		
Address (number and street)		Suite No.	City		Province or state	Postal or zip code
Home telephone ()		Business telephone ()		Extension	E-mail address	

2 Other account holders to be included in the bill

Other account holder 1

Account number

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<input type="checkbox"/> Mr. Last name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First name			Middle initial	
Registered business name				Operating business name		

Other account holder 2

Account number

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<input type="checkbox"/> Mr. Last name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First name			Middle initial	
Registered business name				Operating business name		

Other account holder 3

Account number

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<input type="checkbox"/> Mr. Last name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First name			Middle initial	
Registered business name				Operating business name		

3 Signatures

By signing below, you acknowledge that you have read and agree to the terms and conditions on the back of this application.

Primary account holder

Signature X
Date (dd/mm/yy)

Other account holder 2

Signature X
Date (dd/mm/yy)

Other account holder 1

Signature X
Date (dd/mm/yy)

Other account holder 3

Signature X
Date (dd/mm/yy)

For office use only

Date (dd/mm/yy)	Date (dd/mm/yy)
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