Diners Club INTERNATIONAL®

BMO Financial Group

Corporate Card Program

Cardmember Application
Club Rewards®/Club Cash® Enrollment
Individual Billing

Mail or fax completed applications to:

Bank of Montreal
P.O. Box 3200
RPO Streetsville
Mississauga, ON
L5M 0S2
Fax: 1-855-803-7341

For Organization's Program Administrator Use:

Account # _____

Application cannot be processed without this required information.

DINERS CLUB® CORPORATE CARD ENROLLMENT *(EMPLOYEE INFORMATION)* (PLEASE ALLOW 21 CHARACTERS FOR FIRST, MIDDLE AND LAST NAME ONLY)

TITLE _____ *FIRST NAME _____ MIDDLE _____ *LAST _____ ORGANIZATION NAME _____

*HOME STREET ADDRESS (no P.O. Box) _____

*HOME STREET ADDRESS (no P.O. Box) _____ CITY _____ PROVINCE _____ POSTAL CODE _____

BILLING ADDRESS (if different than above) _____

BILLING ADDRESS (if different than above) _____ CITY _____ PROVINCE _____ POSTAL CODE _____

*BUSINESS TELEPHONE _____ _____ _____ HOME TELEPHONE _____ _____ _____ *Password for security purposes _____

*DATE OF BIRTH DD MM YYYY _____ SOCIAL INSURANCE NUMBER(Optional) _____ E-MAIL ADDRESS _____

Language Preference ☐ English ☐ French

If you provide an e-mail address, we may use it to contact you about your account.

CLUB REWARDS® ENROLLMENT *(OPTIONAL)* PARTICIPATION AND APPROVAL BY THE ORGANIZATION IS REQUIRED BEFORE ENROLLMENT.

☐ ***Yes!*** Please enroll me in the Club Rewards program from Diners Club and start awarding me Club Rewards points on all eligible transactions charged to my Diners Club Card.
I understand that a yearly fee of $85 (plus taxes) will be charged to my Diners Club Card account. Club Rewards are only available on eligible transactions. See terms & conditions for further details.

CLUB CASH® ENROLLMENT *(OPTIONAL)* PARTICIPATION AND APPROVAL BY THE ORGANIZATION IS REQUIRED BEFORE ENROLLMENT.

At the request of your Organization, you may enroll in the Club Cash program. With Club Cash access, cash for business expenses is as close as the nearest Automated Teller Machine (ATM). All you need is your Diners Club Corporate Card and your Personal Identification Number (PIN) to access cash at Interac® ATMs in Canada and Cirrus® ATMs worldwide, 24 hours a day, seven days a week.

☐ By checking this box, I ask to be enrolled in the Club Cash program.

Bank of Montreal will choose your PIN and mail it to you. Upon receipt of your assigned PIN, if you would prefer to replace it with a PIN of your choice, you can call the Customer Care Centre at 1-800-363-3333.

Applicant Signature *(mandatory)*

Diners Club Cards in Canada are issued by Bank of Montreal. "I", "me" and "my" mean the Applicant/Cardmember herein. For the benefit of Bank of Montreal (the "Bank"), I: (i) certify that the information provided on this form is true and accurate; (ii) request the issuance of a Diners Club Corporate Card ("Card") and the renewal or reissuance of Cards to me from time to time at the Bank's discretion; and (iii) agree that any Card issued as a result of this request will be governed by the Cardmember Agreement provided at the time the Card is issued, and as amended by the Bank from time to time, which Cardmember Agreement will become effective when I activate, sign or use the Card or the Card account. I understand that it is my responsibility to notify the Bank immediately at the customer service number shown on my billing statement if my Card is lost or stolen.

I understand that any of the benefits or enhancements available to a holder of a Card may be varied or terminated from time to time and some may only be available if I enter into separate agreements. I acknowledge some benefits or enhancements are supplied by firms independent of the Bank and the Bank is not responsible or liable for anything in connection with those benefits or enhancements.

I agree to use the Card and Card Account only in accordance with the procedures and guidelines established by my employer for its legitimate business purposes and not for personal purposes. I agree that the Bank may provide Card account statements and any notices regarding my Card account posting them on the Bank's eAccount Manager Website.

I AUTHORIZE THE BANK TO OBTAIN INFORMATION ABOUT ME FROM MY EMPLOYER, THIRD PARTIES, INCLUDING CREDIT REPORTING AGENCIES AND ANY OTHER PARTY THE BANK DETERMINES NECESSARY OR ADVISABLE IN CONNECTION WITH THE ADMINISTRATION OF THE CARD ACCOUNT. THE BANK MAY DISCLOSE INFORMATION REGARDING THIS APPLICATION AND THE CARD ACCOUNT TO MY EMPLOYER AND THIRD PARTIES INCLUDING CREDIT REPORTING AGENCIES.

APPLICANT SIGNATURE and DATE

X _____ DD MM YYYY

HEAD OF DEPARTMENT Signature and Date

X _____

ORGANIZATION INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY THE PROGRAM MANAGER)

NAME OF ORGANIZATION REQUESTING CARD ISSUANCE _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

APPLICANT'S ESTIMATED MONTHLY EXPENSES _____

Cardmembers will be assigned a daily and weekly cash advance limit in accordance with Bank of Montreal's policy and its agreement with the Organization. If different limits are desired for this Applicant, please call Client Services at 1 800 663 1527. Bank of Montreal must approve exception limits.

Indicative Data Fields

FIELD 1	FIELD 2	FIELD 3	FIELD 4	FIELD 5	FIELD 6

CARD PROGRAM ADMINISTRATOR

NAME

X _____

SIGNATURE

X _____

DATE

_____

FOR Bank of Montreal USE ONLY

DD MM YYYY

DATE _____

PROCESSED BY _____

® BMO (M-bar roundel symbol) Financial Group is a registered trade-mark of Bank of Montreal. Diners Club and Diners Club International with the Split Circle Device, Club Rewards and Club Cash are registered trade-marks of Diners Club International Ltd.; Bank of Montreal is a licensed user. All other trade-marks are the property of their respective owners.