

ACCOUNT APPLICATION AGREEMENT (To be completed by Applicant)

All vehicles covered by this agreement must remain with Canadian plates and in service in Canada for a minimum of 12 months from delivery date. The undersigned agrees that, in the event that a vehicle(s) purchased under this agreement is put in service outside of Canada or registered with non-Canadian plates at any time prior to the expiry of 12 months of its purchase date, DaimlerChrysler Canada may forthwith, without notice: (i) cancel the delivery of any vehicles ordered but not yet delivered pursuant to this agreement; (ii) refuse to honour any further orders for vehicles made by the undersigned pursuant to this agreement; and/or terminate this agreement, and, in addition thereto, the undersigned, on demand by DaimlerChrysler Canada, agrees to pay to DaimlerChrysler Canada, as damages, an amount equal to the total amount of all program allowances, including basic allowances, granted in respect to such vehicle(s) under this agreement, forthwith upon demand. The undersigned hereby acknowledges that the aforesaid damages are a reasonable pre-estimate of the damages which would result from any such breach.

X

Authorized Signing Officer _____ Title _____ Date _____

1 COMPANY INFORMATION (See back of form for codes)

COMPANY NAME _____ ACCOUNT CATEGORY

STREET _____ LIST NUMBER

P.O. BOX _____ CITY _____ REGIONAL NUMBER

PROVINCE _____ POSTAL CODE _____ HEAD OFFICE or BRANCH OFFICE

TELEPHONE NUMBER: () _____ FAX NUMBER: _____ IF BRANCH OFFICE, HEAD OFFICE FAN

LOTTERY LICENCE NUMBER IF APPLICABLE: _____ PRIZE AWARD DATE: _____

2 KEY CONTACT

Add _____ FIRST NAME MIDDLE INITIAL LAST NAME
 Revise _____
 Delete Title _____
 English French Mailing Quantity
 Mailing Codes
 (See table on reverse side)

OTHER CONTACT

Add _____ FIRST NAME MIDDLE INITIAL LAST NAME
 Revise _____
 Delete Title _____
 English French Mailing Quantity
 Mailing Codes
 (See table on reverse side)

E-Mail: _____

3 FLEET CONTENT:

	DaimlerChrysler	Ford	G.M.	Other Imports
Cars/Trucks	_____	_____	_____	_____

Trucks include all minivans/full-size/light trucks.

Percentage Leased: _____ %

Leased From: _____

Note: Copies of FIVE Vehicle Registrations are required by the Regional Fleet Manager with new account applications.

FAX TO REGIONAL FLEET OFFICE FOR APPROVAL

Ontario 905-821-6026 Atlantic 506-857-3313
 Quebec 514-630-2558 Western 403-299-2922

4 DAIMLERCHRYSLER CANADA DEALERS OR MAJOR LEASING COMPANIES MAKING APPLICATION:

NAME _____ DEALER/LEASING CO. CODE NUMBER

APPLICATION SUBMITTED BY: _____ PHONE: () _____ FAX: () _____

5 FOR OFFICE USE ONLY

NEW ACCOUNT APPLICATION APPROVALS DATE: _____

A. Application Verified and Approved by: _____
 Regional Fleet & Lease Manager's Signature

Atlantic Ontario Quebec Western National

Business Team A B C D E F G H

B. Program Headquarters Use:

Assign Account Yes No Representative Code
 Date _____ Suppress
 Regional Fleet Office - Please fax approved Application to Program Headquarters for processing.

Coordinator's Name: _____
 Date Approved/Assigned: _____
 Assigned Fleet Account No.

(To be completed by applying DaimlerChrysler Dealer/Leasing Company)

I have received the current DaimlerChrysler Fleet program rules.
 I have conducted "due diligence" to ensure that this applicant is a bona fide Fleet account and does not participate in third-party sales for export.
 I have scrutinized at least five vehicle registrations and I am satisfied that they are bona fide Fleet vehicles that have been titled, licenced and remain in the name of the applicant or I have received three Fleet vehicle orders and I am satisfied that these vehicles will be titled, licenced and will remain in the name of the applicant.
 I have verified that the applicant's business operations and that a physical business location does exist and are consistent with this application for a Fleet Account. I have secured and will retain on file a copy of their business licence or incorporation papers.

Dealership/Leasing Co. Name _____ Code _____
 Dealer Principal/Lease Co. Signing Authority _____
 Dealer Principal/Lease Co. Signing Authority Signature _____ Date _____

NEW ACCOUNT APPLICATION:

Sign, fax or mail completed form with proof of operation for five vehicles to the Regional Fleet Manager.

ACCOUNT CATEGORY			
CODE	DESCRIPTION	CODE	DESCRIPTION
A, H	“COMMERCIAL” ACCOUNTS	B	GOVERNMENT ACCOUNTS
D	INDEPENDENT LEASING COMPANIES	F	INDEPENDENT DAILY
C	DEALERSHIP FAN		RENTAL COMPANIES
L*	CHARITABLE ORGANIZATIONS	P	INDEPENDENT LEASING COMPANIES (INTERNAL USE)
U	UTILITIES ACCOUNTS		

LIST NUMBER
100 Commercial Company
200 Independent Leasing Company
400 Rental Car Company
600 Utility Company
700 Government Agency
800 Dealership Internal Lease Company
900 DaimlerChrysler Fleet Personnel

REGIONAL NUMBER
21 Ontario
22 Quebec
23 Atlantic
25 Western

MAIL CODES	
A. Car Buying Guide	D. Alternative Fuels
O. Truck Buying Guide	E. No Mailings
C. All Other Mailings	

*ORGANIZATIONS WITH LOTTERY NUMBERS WHO WISH TO PURCHASE VEHICLES FOR RAFFLE PURPOSES. LOTTERY LICENCE NUMBER AND DATE OF PRIZE AWARD MUST BE INCLUDED IN SPACE PROVIDED ON FRONT OF APPLICATION. FLEET ACCOUNT NUMBER IS VALID FOR DESIGNATED LOTTERY ONLY.

**CONTACT THE FLEET INFO-LINE AT 1-800-463-3600 IF YOU REQUIRE ASSISTANCE.
E-mail: fleetinfo@dc-canada.com**