



Questor Financial Dealer Reward Program Participant Application Form

Please fill out all fields below and sign to be eligible for program participation. Fax to: 1-877-889-8807

CARDHOLDER PID NUMBER: _____ (for office use)

First Name

Last Name

Home Address

City

Province

Postal Code

Employer

Questor Agent Name

Questor Dealer Representative Bonus Program Disclaimer

I hereby authorize Questor Financial Corp. or its affiliates participating in the Dealer Representative Incentive Program (the "Program") to release my name, home address and telephone number to American Express Incentive Services Canada ULC ("AEIS"). This personal information will be used by AEIS for the purposes of my participation in the Program, including but not limited to providing me with ongoing information and goods and services related to the Program.

As outlined in the Participant Agreement with AEIS, I understand that as a Participant in the Program, I am liable for any fraud, Tax implications, misuse or negative balance involving the Encompass Card provided to me under the Program. As such, I understand and agree that Questor Financial Corp. or its affiliates will assist AEIS in detecting any fraud or misuse and in collecting negative amounts due on the Card, by providing AEIS with my personal information, if required by AEIS.

Signature: _____