CONTRACT SUBSCRIPTION TO UNITED COUPON CREDIT SERVICE

Taxi COOP Québec Taxi COOP Beauport If this request is accepted, the signatory or person, 525-5191 661-7711 organisation or company for which he (she) is authorised to sign, commits to paying the account in a delay of thirty (30) days, beginning at the date of the monthly statement by **Association Taxi COOP** Association Coopérative integral payment of the run and services well-rendered, plus Des Taxis Québec Charlesbourg 7% of administration fees. 525-8123 / 522-2001 626-5252 The signatory or person, organisation or company for which Taxi Ste-Foy Sillery Taxi COOP Loretteville he (she) is authorised to sign, declares to be responsible for Association Coopérative Neufchâtel the loss or theft of all coupons or all coupon leaflets in his 653-7777 842-2724 (her) possession and the outcome and prejudice incurred by this loss or theft. It is very important to mention that if an (The information given below is confidential) employee is transferred to another department, the coupon leaflet is encoded to the administrator and not the employee. It is also necessary to mention that if the responsible of your department lends a coupon to another department, the Contract subscription to united coupon credit service coupon will be billed to the person in charge of the leaflet. The signatory or person, organisation or company for which TAXIS UNIS is authorised to sign the present demand is committed to give Taker: GOVERNMENT OF QUÉBEC immediate verbal and written notice to TAXIS UNIS of all loss 496, 2e Avenue GOVERNMENT OF CANADA of theft of coupons or coupon leaflets in his (her) possession. PARA GOVERNMENT Québec, Qc **MUNICIPAL** G1L 3B1 The signatory or person, organisation or company for which Phone#: 525-4953 is authorised to sign the present demand is committed to Fax: 525-8303 filling in his (her) self the coupons which may be used at the moment of the transportation by taxi and in declaring him (her) self fully responsible of the contents of all coupons. Name of organisation Or administration: The signatory or person, organisation or company for which he (she) is authorised to sign acknowledges, if the present Direction: demand is accepted, that the coupons provided, will remain the property of TAXIS UNIS and will be returned if In charge: demanded. Address: Furthermore, the signatory or person, organisation or company for which he (she) if authorised to sign the present City: demand, acknowledges that the coupons provided by Taxis Unis can be validated only in the taxis part of TAXIS UNIS Postal Code: and will not be usable in all other taxi cars. Phone Number: SIGNED AT : _____ Fax: E-mail Address: DATE: Please join a copy of the certificate of tax exemption Thank you!! * Please mention if the address of BILLING and of the DELIVERY of the Minister, president or person fully authorized to this end, for and by the president coupons are the same, if necessary, please indicate. (Section reserved to Taxis Unis) Account number:

Administrator duly authorised for and to the name of the Coop