CANPAYBILLS INC.

CLIENT INFORMATION FORM

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME INITIAL	LAST NAME

MOBILE PHONE NUMBER	EMAIL ADDRESS

DRIVERS LICENSE, PHOTO CARD PR CARD, PASSPORT (encircle)		DATE OF ISSUE (YYYY/MM/DD)

PLACE OF ISSUE	EXPIRY DATE (YYYY/MM/DD)

CONTACT INFORMATION

NUMBER	STREET	SUITE / APARTMENT NUMBER

CITY	POSTAL CODE	PROVINCE

BILLS PAYMENT

BILLING COMPANY

ACCOUNT NAME

ACCOUNT NUMBER

BILL DUE DATE	BILL AMOUNT

BILLS PAY A GROCERY

RECIPIENT NAME

CONTACT NUMBER

DELIVERY ADDRESS

NOTES

CLIENTS AGREEMENT AND DECLARATION

The information on this Form will form part of your records with CANPAYBILLS INC., under the terms of the Personal Information and Electronic Documents Act (PIPEDA) the information you give will be used for the purpose relating to the processing and management of your transactions with CANPAYBILLS INC. By signing this form, the CLIENT hereby certifies and affirms that the information given above is true, correct and updated. The CLIENT hereby allows CANPAYBILLS INC., to verify and contact other relevant institutions to check factual information you have provided in this form and agrees to notify CANPAYBILLS INC., of any change in the information provided above. The CLIENT acknowledge that CANPAYBILLS INC. will receive certain of your private and confidential information in connection to (1) authorize and process service transactions, (2) manage our business, (3) provide customer service, and (4) other purposes deemed necessary for rendering the service.

For purposes of compliance with relevant laws and regualtions issued by appropriate regulatory authorities and agencies, the CLIENT hereby authorizes CANPAYBILLS INC., (where applicable) disclose the CLIENT'S information and data as required by government regulatory authorities.

PRINTED NAME	SIGNATURE	DATE MM/DD/YYYY

TO BE COMPLETED BY CANPAYBILLS INC.

ID REVIEWED BY:	DATE REVIEWED:	ACCOUNT NUMBER: