BMO *details* Online®

KNOWLEDGE THAT WORKS

Registration Request Form

FOR CORPORATE MASTERCARD®* OWNER/CARD PROGRAM ADMINISTRATOR

Note: To register for this service, you must be the Owner/Card Program Administrator of the Corporate MasterCard account.

FAX COMPLETED FORM TO 1 866 246-0429, or mail to the address below.

To Bank of Montreal: Please allow the Owner/Card Program Administrator shown below to submit any request permitted under our Mosaik® MasterCard®* for Business/Corporate MasterCard Account Agreement using the Internet. I understand that the Owner/Card Program Administrator will get his/her own user ID and password.

BUSINESS NAME

BUSINESS ADDRESS

POSTAL CODE

NAME OF OWNER/CARD PROGRAM ADMINISTRATOR

PHONE NUMBER

( )

E-MAIL ADDRESS

ACCOUNT NUMBER (PLEASE LIST ONE FOR REFERENCE)

AUTHORIZING SIGNATURE (OWNER/CARD PROGRAM ADMININISTRATOR)

Fax to:
1 866 246-0429

OR

Mail to:

BMO Financial Group
Corporate MasterCard Accounts
P.O. Box 11064, Station Centreville
Montreal, QC H3C 5A2

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BMO Financial Group

(01/07)