

PERSONAL PRE-AUTHORIZED DEBIT (PAD) FORM

I (we) acknowledge that this Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the CPA rules).

Instructions: Please complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the Payee below.

Payee Information

Name: JKL.NET (a division of JKL Micro Distribution Inc.)

Address: 1250 Gardiners Road, Kingston, Ontario K7P 2T5

Phone Number: (613) 384-8980

Fax Number: (613) 384-8981

Bank Account Holder Information

Name: _____

Email: _____

Address: _____

Account Number: _____ Institution Number: _____ Transit Number: _____

Financial Institution Information

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Change in Account Information: We undertake to inform the Payee, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated above with our financial institution, for the following purpose:

Validation by Financial Institution: We acknowledge that our financial institutions is not required to verify that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount.

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$_____ plus tax with a reasonable latitude for adjustments and in no case to exceed \$ 20.95 plus tax, may be drawn on our account monthly beginning July 15th, 2000.

Our Rights of Dispute: A Pre-Authorized Debit may be disputed by us under the following conditions:

1. The PAD was not drawn in accordance with our PAD Authorization.
2. The PAD authorization was revoked.
3. Pre-Notification was not received.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (i), (ii), or (iii) took place, must be completed and presented to our branch of our financial institution up to and including 90 business days in the case of a personal/household PAD after a date on which the PAD in dispute was posted to our account.

We acknowledge that a claim on the basis that our Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee an ourselves when disputing any PAD after 90 business days in the case of a personal/household PAD.

Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our financial institution. Any delivery of this authorization to you constitutes delivery by us.

Cancellation of Arrangement: This authorization may be cancelled at any time upon notice by us. We acknowledge that, in order to revoke this authorization, we must provide notice of revocation to the Payee.

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

Validation by Processing Institution: We acknowledge our financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on our account.

Contract of Goods or Services: Revocation of this authorization does not terminate any contract for goods or services that exists between us and the Payee. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.

Dated this _____ day of _____

Authorized Signatory Name (Please print) Title (Please print)

Authorized Signatory Name (Please print) Title (Please print)