



Osso Electric AIR MILES® reward miles Corporate Reward Program

Enrollment Form

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Business Telephone: _____ Fax Number: _____

e-mail address: _____

Osso Account #: _____

AIR MILES Collector # _____

Number of Employees in the Company: _____

Language Preference (Please check one): English or French

Nature of Business: _____

Authorized AIR MILES Signatory (Please Print): _____

Signature: _____ Title: _____

Osso Branch Manager Authorization: _____

I am a signing officer of the Company authorized to bind the company hereto.

The Authorized Signatory will have the authority to redeem AIR MILES reward miles for rewards, and to transfer reward miles from the Corporate account to other Corporate or personal Collector accounts.



®™ Trademarks of AIR MILES International Trading B.V.
Used under license by Loyalty Management
Group Canada Inc. and Osso Electric Supplies Inc.