

**PAYOR'S PAD AGREEMENT**  
**Personal Accounts(s)**  
**Pre-Authorized Debit Plan**  
**Authorization of the Payor to the Payee to Direct Debit an Account**

**Instructions:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below
4. If you have any questions, please write or call the Payee.

**PAYOR INFORMATION** *(Please type or print clearly)*

Payor Name(s):	
Address:	
Telephone:	
Email:	
Signature of Payor(s):	Date: (dd/mm/yyyy)

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION** *(Please type or print clearly)*

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code

**PAYEE INFORMATION** *(Please type or print clearly)*

Payee Name(s): BROADSIDE BULLION INC
Address: 26 TRITES RD, UNIT D, RIVERVIEW, NB, E1B 2V6
Telephone: 506 387 4890 Fax: 506 387 4933 Email: ACCOUNTS@ATLANTICGOLDSILVER.CA

**PAYMENT INFORMATION** *(Please type or print clearly)*

<p>Payment type and limit : <i>(Please specify maximum amount)</i></p>	<p>Payment will be a Variable Amount: Please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: \$ _____</p>
<p>Payment Frequency :</p>	<p>Timing : Orders will be placed <u>monthly</u>, on 15<sup>th</sup> of each month (or first business day thereafter in case of a weekend or holiday) at the rate applicable during the working day. Payment will be deducted from your account within 5 business days.</p>
<p>Are top-ups or adjustments permissible? <i>(If you wish to be able to pay for other orders by Pre-Authorized Debit, please check YES, and provide an authorization password – otherwise check NO)</i></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes : Password _____ Please Note : Pricing discounts on top-ups are limited to orders up to the total of your prior regular pre-authorized debit transactions.</p>

**PRODUCT INFORMATION** *(Please type or print clearly)*

<p>Product request : <i>(Please specify quantities of products you wish to purchase)</i></p>	<p>Please specify the quantity of each product you wish to purchase with this instruction.</p> <p>_____ 1oz Silver bar/coin/round (cheapest available) _____ 1oz RCM Silver Maple (newest available Year) _____ 10oz RCM Silver Bar _____ 100oz RCM Silver Bar _____ 1/10oz RCM Gold Maple _____ 1/4oz RCM Gold Maple _____ 1oz RCM Gold Maple (newest available Year) _____ 1oz RCM Gold Bar</p>
<p>Delivery Type : <i>(Please check one)</i></p>	<p>Please deliver my products as follows :</p> <p><input type="checkbox"/> Ship immediately (standard shipping charges apply) <input type="checkbox"/> Hold orders and ship together when total qualifies for free shipping to my location. <input type="checkbox"/> I will pick up my orders from the following store location</p> <p><input type="checkbox"/> Bedford, NS. <input type="checkbox"/> Riverview, NB</p>

**ORDERING AND PRICING** *(Please type or print clearly)*

<p>Orders shall be executed at the prevailing market rate at the top-tier discount on the dates as agreed above, however there can be no guarantee that orders will be executed at the most optimal price during the day. Should any products be unavailable, then a backorder shall be placed such that the order will be fulfilled as soon as the product is back in stock. Broadside Bullion Inc. shall not be liable for any losses or missed profits resulting from delayed or missed orders and that should I become aware of delayed or missed orders I shall immediately inform Broadside Bullion Inc. of such.</p> <p style="text-align: right;"><input type="checkbox"/> I agree</p>
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**MINIMUM TERM** *(Please type or print clearly)*

<p>The minimum term of this agreement shall be 3 months from the date of the first order executed under this agreement. Should you cancel before this time, then a cancellation fee equivalent to the discounts applied to your orders executed under this agreement shall apply and be immediately payable and collected by Pre-Authorized Debit notwithstanding your cancellation instruction, which will be executed immediately thereafter.</p> <p style="text-align: right;"><input type="checkbox"/> I agree</p>
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**PAYOR'S PAD AGREEMENT**  
**Personal Pre-Authorized Debit Plan**  
**Terms & Conditions**  
**December 2008**

	1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
	<p>2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.</p> <p>I authorize the Payee indicated herein and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on herein (the "Account") at the financial institution indicated on herein (the "Financial Institution").</p> <p>I authorize the Financial Institution to honor and pay such debits.</p> <p>This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.</p> <p>I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.</p>
	<p>3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.</p> <p>This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.</p> <p>The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.</p> <p>I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</p>
	4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
	5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
Delete either 6(a) or 6(b) as applicable	<p><del>6. (a) I understand that with respect to:</del></p> <p><del>(i) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s);</del></p> <p><del>(ii) variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Paper PAD/ 15 calendar days for Electronic PADs before the due date of the first Personal PAD ; and</del></p> <p><del>(iii) fixed amount and variable amount of every Paper and/or Electronic Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.</del></p>
	<b>- OR -</b>
If Payor agrees to waive pre-notification, Payor must sign where indicated	<p>(b) I agree to either waive the pre-notification requirements in section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div> <p style="text-align: center;"><b>Signature of Payor</b></p>
	7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.

	8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
	9. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca.
	10 I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
	11. I understand and agree to the following: (i) that the Payee shall make best effort to execute orders on my behalf at the prevailing market rate on the weekly or monthly dates as agreed, and that the Payee makes no guarantee to execute such orders at the most optimal price during the day. (ii) that should products be unavailable for any reason, then a backorder shall be placed such that the order will be fulfilled as soon as the product becomes available (iii) that I shall not hold the Payee liable for any losses or missed profits resulting from delayed or missed orders for any reason whatsoever, and that should I become aware of delayed or missed orders I shall immediately inform the Payee of such.
	12. I understand and agree to the foregoing terms and conditions.
	13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
	14. <u>Applicable to the Province of Quebec only:</u> It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

**RETURN THIS FORM WITH A VOID CHEQUE AS FOLLOWS**

- 1) Drop in to either of our stores:  
Atlantic Gold & Silver, 26 Trites Rd, Unit D, Riverview, NB, E1B 2V6.  
Atlantic Gold & Silver, 30 Damascus Rd, Suite 103, Bedford, NS, B4A 0C1.
- 2) Mail to our main office:  
Atlantic Gold & Silver, 26 Trites Rd, Unit D, Riverview, NB, E1B 2V6.
- 3) Email to us:  
accounts@atlanticgoldsilver.ca
- 4) Fax to us:  
506 387 4933