

TELL US ABOUT YOURSELF

MARRIED
 SINGLE
 DIVORCED
 SEPARATED
 WIDOWED
 MR.
 MRS.
 MISS
 MS.
 DR.
 OTHER

FIRST NAME		INITIAL	LAST NAME		MOTHER'S MAIDEN NAME		
HOME ADDRESS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
PREVIOUS ADDRESS IF LESS THAN 2 YEARS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
SOCIAL INSURANCE NUMBER**	DATE OF BIRTH	HOME TELEPHONE ()		MOBILE TELEPHONE ()		EMAIL ADDRESS	
PRIMARY GOVERNMENT ISSUED PHOTO ID (MANDATORY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
SECONDARY ID (MANDATORY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	

TELL US ABOUT YOUR EMPLOYMENT

SELF-EMPLOYED
 FULL TIME
 PART TIME
 SEASONAL
 STUDENT
 RETIRED

CURRENT EMPLOYER NAME		OCCUPATION			BUSINESS TELEPHONE ()	# OF YEARS
EMPLOYER'S ADDRESS			SUITE NO.	CITY	PROVINCE	POSTAL CODE

TELL US ABOUT THE CO-APPLICANT

MARRIED
 SINGLE
 DIVORCED
 SEPARATED
 WIDOWED
 MR.
 MRS.
 MISS
 MS.
 DR.
 OTHER

FIRST NAME		INITIAL	LAST NAME		MOTHER'S MAIDEN NAME		
HOME ADDRESS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
PREVIOUS ADDRESS IF LESS THAN 2 YEARS			APT. NO.	CITY	PROVINCE	POSTAL CODE	# OF YEARS
SOCIAL INSURANCE NUMBER**	DATE OF BIRTH	HOME TELEPHONE ()		MOBILE TELEPHONE ()		EMAIL ADDRESS	
PRIMARY GOVERNMENT ISSUED PHOTO ID (MANDATORY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
SECONDARY ID (MANDATORY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	

TELL US ABOUT THE CO-APPLICANT'S EMPLOYMENT

SELF-EMPLOYED
 FULL TIME
 PART TIME
 SEASONAL
 STUDENT
 RETIRED

CURRENT EMPLOYER NAME		OCCUPATION			BUSINESS TELEPHONE ()	# OF YEARS
EMPLOYER'S ADDRESS			SUITE NO.	CITY	PROVINCE	POSTAL CODE

I certify the above information to be true and correct and by signing below accept as notice in writing of, and consent to, collection, use, disclosure and verification of any credit, personal or other information about me at any time from, to or with any credit reporting agency, credit grantor, or any other person with whom I may have financial dealings or as may be permitted or required by law. I authorize those parties to give information to you. I understand that all such information shall be collected, used and disclosed by you, and any affiliates, agents, service providers, successors or assigns thereof to assess my creditworthiness for this application and my on-going credit worthiness, for determining my eligibility for any other products and services to be offered to me and for such other uses not prohibited by law. By signing this application, I agree to abide and be bound by the terms and conditions of the Cardholder Agreement which Home Trust will send (as amended or restated from time to time). I agree that you may open a Home Trust VISA account in my name ("Account"), issue me card(s), Personal Identification Number and renewals or replacements from time to time. I agree if I use my card or Account, I shall be deemed to have requested and received the card, Account and Cardholder Agreement, and that I agree with everything written in the Cardholder Agreement and this application. Where a co-applicant signs this application, we acknowledge the terms of this application and all consents given in it bind both of us, and all references to "I" shall mean the applicant and co-applicant individually. Each applicant and co-applicant, shall be jointly and severally liable for any indebtedness incurred through the use of the cards issued pursuant to this application. I may obtain your privacy code or review my options for refusing or withdrawing this consent, including my option not to be contacted about offers of products or services. My Security Deposit will be held in an interest bearing account with interest payable to me annually. Interest rates paid on the Security Deposit are shown on my Account Statement and are subject to change. I am required to make regular payments of 3% of the outstanding balance or \$10 (whichever is greater) on my Account. Failure to do so will result in forfeiting the Security Deposit up to the amount of the Debt owing. A monthly fee of \$7.50 applies, plus \$3 monthly for a co-applicant beginning with the second statement. If approved, your account will be charged a one-time set up fee of \$39, which will be billed on your first statement. There is an over limit fee of \$29 for every month the credit limit is exceeded and an NSF payment cheque fee of \$39. Annual interest rate on unpaid balances is currently 19.50% for purchases and 21.50% for cash advances. For Accounts in Arrears the annual interest rate on unpaid balances is 24.50%. These rates and fees are subject to change with notice. Deposit minimum is \$1,000. Deposit maximum is \$10,000. ** My Social Insurance Number is required on this application for tax reporting purposes on the interest from my Security Deposit account.

I/We the undersigned hereby declare that I/we are not acting on behalf of a third party and that the account referred to herein does not have any beneficial owners.

Signature _____ Date _____

Co-Applicant
Signature

Date _____

All funds must be made payable to "Home Trust Company" (no cash please).

PERSONAL or PERSONAL CERTIFIED CHEQUE from a Canadian Financial Institution \$ _____

REFERRAL CODE

#437

Mail Completed Application and your Security Deposit to: Home Trust Company, 145 King Street West, Suite 2300, Toronto ON M5H 1J8