

TELL US ABOUT YOURSELF

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 (Optional)	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				PLACE OF ISSUE		EXPIRY DATE	
<input type="checkbox"/> SELF-EMPLOYED		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> STUDENT	<input type="checkbox"/> RETIRED	MONTHLY INCOME (BEFORE TAX)
CURRENT EMPLOYER NAME		OCCUPATION			BUSINESS TELEPHONE ()		# OF YEARS
EMPLOYER'S ADDRESS			SUITE NO.	CITY	PROVINCE	POSTAL CODE	

**** Valid Photo IDs include a current Provincial Driver's License, Canadian Passport or Certificate of Canadian Citizenship. Other acceptable IDs include a Birth Certificate or Social Insurance Card.**

CHOOSE YOUR FEE OPTION

SELECT ONE: \$5.00 MONTHLY FEE OR \$49.00 ANNUAL FEE

I certify the above information is correct and I consent to collection and use of credit and personal information as set out below. Please read the terms and disclosures included with this application. By signing this application you agree to these terms.

Personal Information: You may collect credit, identity and financially related information about me during the course of my relationship with you from credit bureau, other financial institutions, references and by contacting me ("Information"). You may also disclose Information to credit bureau, financial institutions, Visa Canada and Visa International and their agents and to outside providers of card services. You and those parties may use Information to identify me, understand my needs and eligibility for this application and for card and other services and to recommend and market particular products and services.

Information collected will be kept in a separate customer file managed by Home Trust Company at its offices in Toronto, Ontario. I have a right to access this Information. I may obtain your privacy code, ask you to correct Information, or tell you to stop using Information for any of these purposes at any time by calling you toll free at 1-866-817-7719 or by sending a written request to 145 King Street West, Suite 2300, ATTN Secured Visa Department, Toronto, Ontario, M5H 1J8.

Card Account: Please open a Home Trust Visa Account in my name ("Account"), issue me card(s), and Personal Identification Number(s). I will be bound by the Cardholder Agreement you will send me, as amended or replaced from time to time; use of any card applied for will prove I have received and read it. I will ensure that all Co-Applicants and authorized users review the Cardholder Agreement, other agreements and program terms you will send me. Credit will be extended upon approval of this application.

Please note that the Home Trust Secured Visa Card is not available to residents of the Province of Québec.

Initial _____ 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.

SECURITY DEPOSIT AMOUNT: \$ _____ (Minimum \$500; Maximum \$10,000)

Your credit limit is set at the amount of your Security Deposit. All funds must be made payable to "Home Trust Company". WE WILL NOT ACCEPT CASH, WESTERN UNION OR POSTAL MONEY ORDERS. We accept PERSONAL or PERSONAL CERTIFIED CHEQUE, MONEY ORDER, or BANK DRAFT from a Canadian Financial Institution.

I apply for the Home Trust Visa Account and agree to the terms and disclosures included with this application.

Signature _____ Date _____

NOTE TO APPLICANTS:

- **Bankruptcy:** This product is not available to those who are currently bankrupt. Applicants recently discharged from bankruptcy must include their "Certificate of Discharge" with their completed application.
- **Judgments** appearing on an applicant's credit bureau must be repaid or satisfied prior to applying for credit.
- **Consumer Proposal:** Applicants who have made a consumer proposal to creditors must provide a letter from their trustee stating that a proposal has been filed, accepted by creditors, and is in good standing.

**Mail your completed Application and your Security Deposit to:
Home Trust Company, Attn: Secured Visa Department
145 King Street West, Suite 2300, Toronto ON M5H 1J8**

Referral Code :
12290

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