



APPLICATION FOR NEW CHARGE ACCOUNT
(Subject to approved credit)

Full name of applicant Mr/Mrs/Ms: _____

Street: _____

City: _____ Postal code: _____

Phone number: _____ Email address: _____

Place of employment: _____

Employment start date: _____

Employment phone number: _____

Applicant's S.I.N. number (Optional): _____

Month / Day / Year

Applicant's Birth Date: _____

I UNDERSTAND THAT I WILL RECEIVE A MONTHLY STATEMENT OF ACCOUNT AND THAT I AM RESPONSIBLE FOR MAKING REGULAR MONTHLY PAYMENTS. I AGREE TO PAY INTEREST ON ANY OUTSTANDING BALANCE OVER 30 DAYS AT A RATE OF 1½% PER MONTH. ON DEFAULT I AGREE THAT ALL LAWYER'S FEES AND/OR AGENTS COSTS OF RECOVERING THE DEBT ARE ALSO PAYABLE BY ME. I AGREE TO THE OBTAINING OF CREDIT AND/OR PERSONAL INFORMATION REQUIRED AT ANY TIME IN CONNECTION WITH THIS AGREEMENT AND TO THE DISCLOSURE OF ANY CREDIT INFORMATION TO ANY CREDIT REPORTING AGENCIES. THE UNDERSIGNED HEREBY CONSENTS TO THE COLLECTION AND USE OF PERSONAL INFORMATION ABOUT ME IN ACCORDANCE WITH THE PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT (PIPEDA).

IF MY ACCOUNT IS IN ARREARS, I AUTHORIZE YOU TO CHARGE MY CREDIT CARD.

Credit card type (Circle one): **VISA** **MASTERCARD**

Credit card #: _____ Expiry date: _____

APPLICANT'S SIGNATURE: _____

Internal use only:

Store Location: _____