



STORE NUMBER <b>20001/</b>	AMOUNT OF PURCHASE	CREDIT REQUESTED	<b>1T1</b>
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**TELL US ABOUT YOURSELF** (PLEASE PRINT)

MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/>	FIRST NAME	INITIAL	LAST NAME		DATE OF BIRTH						
APT.	STREET ADDRESS		CITY	PROVINCE	POSTAL CODE						
AREA CODE ( )	HOME PHONE	TIME AT RESIDENCE	YRS	MOS	OWN/BUY <input type="checkbox"/>	RENT <input type="checkbox"/>	PARENTS <input type="checkbox"/>	OTHER <input type="checkbox"/>	LANGUAGE ENGLISH <input type="checkbox"/>	PREFERENCE FRENCH <input type="checkbox"/>	
APT.	PREVIOUS ADDRESS		CITY	PROVINCE	POSTAL CODE						
CURRENT EMPLOYER/SOURCE OF INCOME					OCCUPATION			GROSS MONTHLY INCOME			
EMPLOYER'S ADDRESS			CITY	PROVINCE	TIME AT EMPLOYER	YRS	MOS	AREA CODE ( )	BUSINESS PHONE		
PREVIOUS EMPLOYER			CITY	PROVINCE	TIME AT PREVIOUS EMPLOYER			YRS	MOS		
DRIVER'S LICENCE NO.				PROVINCE	SOCIAL INSURANCE NO.						

**TELL US YOUR CREDIT HISTORY**

BANKING INSTITUTION	BRANCH ADDRESS	SAVINGS ACCT NO.	CHEQUING ACCT NO.	PHONE
CREDIT CARD	ACCOUNT NUMBER	CREDIT CARD	ACCOUNT NUMBER	

**TELL US ABOUT THE CO-APPLICANT/SPOUSE**

MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/>	FIRST NAME	INITIAL	LAST NAME		DATE OF BIRTH					
APT.	STREET ADDRESS (IF DIFFERENT)		CITY	PROV	POSTAL CODE	AREA CODE ( )	HOME PHONE	TIME AT RESIDENCE	YRS	MOS
EMPLOYER		OCCUPATION		TIME AT EMPLOYER	YRS	MOS	ADDRESS			
AREA CODE ( )	BUSINESS NO.	GROSS MONTHLY INCOME		DRIVER'S LICENCE NO.	PROV	SOCIAL INSURANCE NUMBER				
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				PHONE	ADDRESS					

**SELF EMPLOYED INFORMATION**

TRADE NAME	ADDRESS	NATURE OF BUSINESS	LENGTH OF TIME IN BUSINESS	YRS	MOS	NET MO. INCOME
BUSINESS BANK	ACCOUNT NUMBER	BRANCH	AREA CODE ( )	PHONE NUMBER		

**MOVING INFORMATION**

APT.	NEW ADDRESS	CITY	PROVINCE	POSTAL CODE	PHONE NUMBER	MOVING DATE	MM	DD	YR
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PLEASE READ THE FOLLOWING. ENTER DATE, AND SIGN

I certify the above information to be true, and upon approval of my application for credit, request an account card be issued to me and/or the joint cardholder and any renewal or replacements thereof. National Retail Credit Services Limited is authorized to obtain credit reports on me or the joint cardholder (if applicable) both now and in the future and has my consent to disclose information of a credit nature to reporting agencies or any company with whom I have any or may expect to have financial dealings. The account card I/we are applying for is issued and serviced by National Retail Credit Services Limited. All offers and statements are at the discretion of the retailer and National Retail Credit Services Limited is not accountable for same.

APPLICANT'S SIGNATURE
SPOUSE'S/CO-APPLICANT'S SIGNATURE
DATE

Yes I would like the Allianz Balance Protection Plan and understand that a monthly premium based on my outstanding balance will be charged to my account, unless otherwise indicated to me.

**ALLIANZ BALANCE PROTECTION PLAN**  
 Allianz Balance Protection Plan pays your minimum monthly account payment if you involuntarily lose your job through no fault of your own, become totally disabled or are hospitalized. It also pays the total balance, up to \$10,000, in the event of death or accidental dismemberment of the cardholder or the cardholder's spouse who has a supplemental card. In addition, in the event of accidental death while travelling by common carrier the Allianz Balance Protection Plan will pay \$20,000 to the beneficiary of the cardholder or the cardholder's spouse who has a supplemental card. The cost is \$.85 per \$100 of your outstanding balance which could be charged monthly automatically. If you have no statement balance you pay nothing. **20 DAY FREE LOOK.** You have 20 days from receipt of your certificate to decide whether the Allianz Balance Protection Plan is right for you. If it's not, just cancel and any charge will be credited to your account. Please refer to your Certificate of Insurance for particulars of coverage including the applicable limitations and exclusions.

Signature: \_\_\_\_\_