## **Consumer Credit Application and Credit Agreement**

Applicant's Full Legal Name (First & Last):  Email:  Address:  City:
Address:  City:
City: Province: Postal Code:  Home Phone: Cell Phone:  Date of Birth: S.I.N:  Driver's License No.:  Delivery Address:  City: Province: Postal Code:  Previous Address (if less than 2 years):  City: Province: Postal Code:  Applicant's Residence Status:  Own: Rent: *Tenant accounts may require a security deposit to paid before commencement of services.
Home Phone:  Date of Birth:  Driver's License No.:  Delivery Address:  City:  Province:  Previous Address (if less than 2 years):  City:  Province:  Province:  Province:  Postal Code:  Applicant's Residence Status:  Own:  Rent:  *Tenant accounts may require a security deposit to paid before commencement of services.
Date of Birth:  Driver's License No.:  Delivery Address:  City: Province: Previous Address (if less than 2 years):  City: Province: Province: Province: Postal Code:  Applicant's Residence Status:  Own: Rent: *Tenant accounts may require a security deposit to paid before commencement of services.
Driver's License No.:  Delivery Address:  City: Province: Postal Code:  Previous Address (if less than 2 years):  City: Province: Postal Code:  Applicant's Residence Status:  Own: Rent: *Tenant accounts may require a security deposit to paid before commencement of services.
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If Renting: Landlord's Name: Phone No.:
Driver's License No.: Date of Birth:
Home Address
City: Province: Postal Code:
Applicant's Employment Status:
Employer: Position:
Length of Employment: Contact: Phone:
Address:
City: Province: Postal Code:
Banking Information:
Bank Name: Bank Address:
Transit # Bank #: Account #:
Credit Card Information:
Automatic Payment Withdrawal: Yes \( \sigma \) No \( \sigma \) Please attach a copy of a void cheque if selecting
Credit Card Name: auto-withdrawal from bank account.  Credit Card No:
Expiry Date: CVD Select Payment Date: 1 <sup>st</sup> or 15 <sup>th</sup>



Co-Applicant's Signature: Date: