

## HorizonPlus Secured MasterCard® Credit Card Application

FOR OFFICE USE ONLY

**YOUR INFORMATION**

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I prefer to receive my correspondence in  English  French

Mr.  Miss  Mrs.  Ms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Years at this address \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Other? \_\_\_\_\_

Previous address if less than 2 years \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephones: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Current Employer \_\_\_\_\_ Yearly income \_\_\_\_\_

Years at current employment \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**CO-APPLICANT OR SECONDARY CARDHOLDER INFORMATION**

Mr.  Miss  Mrs.  Ms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephones: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Years at this address \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Other? \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Employer \_\_\_\_\_ Yearly income \_\_\_\_\_

Years at current employment \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

My signature means that I agree to the Conditions on the reverse side of this form, and consent to, and accept this written notice of your obtaining a credit report or other information about me from any person. I also agree to the ongoing collection, use and disclosure of information relating to me as set out in the conditions and in the credit card agreement relating to my account.

I agree that if no box is checked, I have expressly requested that any agreement and related documents be drawn up in English.  
 Je convenons que si aucun choix n'est effectué, j'ai expressément demandé que toute convention et tout document qui s'y rattachent soient rédigés en langue anglaise.

Applicants signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Check or Money Order enclosed for \$ \_\_\_\_\_  
 (Minimum of \$500.00)

After completing this application form, send it together with your check or money order, to:

**HorizonPlus Financial Ltd**  
 P.O. Box # 48235, 595 Burrard Street  
 Vancouver, BC, V7X 1A1