

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