

A BUSINESS INFORMATION

Legal Business Name:		Date Established (MM/DD/YY):	
Doing Business As:			
Address:		City:	Province: Postal Code:
Phone Number:	Fax Number:	Alternative Number:	
Website:	Email:	<input type="checkbox"/> I agree to receive email from Home Trust Retail Credit Services on products and promotions that may be of interest to me	
Type of Ownership: <input type="checkbox"/> Sole <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated		Province of Incorporation:	
Products/Service to be Financed:			
Average Price Point:	Warranties Offered: Parts ___ Years	Material & Labour ___ Years	
Annual Sales Volume:	Anticipated Annual Volume to be Financed:		
Sales Channel:	Is Your Business Based from Home?		
<input type="checkbox"/> Retail <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

B OWNER/PRINCIPAL INFORMATION

Name:		Title:	
Address:		City:	Province: Postal Code:
Phone Number:	Date of Birth (MM/DD/YY):	Social Insurance Number:	
Previous Industry Experience:	Percentage of ownership:		%

OWNER/PRINCIPAL INFORMATION

Name:		Title:	
Address:		City:	Province: Postal Code:
Phone Number:	Date of Birth (MM/DD/YY):	Social Insurance Number:	
Previous Industry Experience:	Percentage of ownership:		%

OWNER/PRINCIPAL INFORMATION

Name:		Title:	
Address:		City:	Province: Postal Code:
Phone Number:	Date of Birth (MM/DD/YY):	Social Insurance Number:	
Previous Industry Experience:	Percentage of ownership:		%

C BENEFICIAL OWNER (if applicable)

Name:		Title:	
Address:		City:	Province: Postal Code:
Phone Number:	Date of Birth (MM/DD/YY):	Social Insurance Number:	
Occupation:	Percentage of ownership:		%

D BUSINESS OFFICE/LOCATION LANDLORD INFORMATION

Owned Leased, fill out section below

Landlord Company Name:		Name of Key Contact:	
Address:	City:	Province:	Postal Code:
Phone Number:	Fax Number:	Alternative Number:	
Monthly Lease Amount:	Tenant Since:	Length of Term/Lease:	

E SUPPLIER INFORMATION (Contact phone numbers are mandatory)

Name of Supplier 1:		Name of Key Contact:	
Address:	City:	Province:	Postal Code:
Phone Number:	Fax Number:	Credit Limit:	Year Account Opened:
Name of Supplier 2:		Name of Key Contact:	
Address:	City:	Province:	Postal Code:
Phone Number:	Fax Number:	Credit Limit:	Year Account Opened:
Name of Supplier 3:		Name of Key Contact:	
Address:	City:	Province:	Postal Code:
Phone Number:	Fax Number:	Credit Limit:	Year Account Opened:

F CURRENT FINANCING PARTNER INFORMATION

Company Name:	Financing Plan(s):
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G DISCLOSURE & CONSENT

By submitting this Merchant Application you: (1) certify that the information you provided is correct, and (2) consent to the collection of credit, identity and financially related information about you during the course of your relationship with Home Trust from credit bureaus, other financial institutions and references ("Information"). Home Trust may also disclose Information to credit bureaus and financial institutions. Home Trust may use Information to identify you, understand your needs and eligibility for this Application, and to meet legal and regulatory requirements. To obtain a copy of Home Trust's Privacy Code, visit hometruster.ca or call 1-888-281-7793.

Owner/Principal Name:	Signature:	Date (MM/DD/YY):
Owner/Principal Name:	Signature:	Date (MM/DD/YY):
Owner/Principal Name:	Signature:	Date (MM/DD/YY):
Beneficial Owner:	Signature:	Date (MM/DD/YY):