

**Co-Applicant:** A Co-Applicant is someone who has the primary cardholder's permission to utilize their credit card Account. Co-Applicant, along with the primary cardholder, is jointly and severally liable for the payment of the Account, regardless of who made the charges that make up the outstanding balance, so long as they are not fraudulent charges.  
 Note: The credit card will be mailed to the primary cardholder's address. An annual fee of \$19.00+ will be billed to the credit card Account.

**TO BE COMPLETED BY THE PRIMARY CARDHOLDER**

I, (Primary Cardholder First and Last Name) \_\_\_\_\_ request and authorize the addition of (Co-Applicant First and Last Name) \_\_\_\_\_ to the Home Trust Visa Account number #4403 9610 \_\_\_\_\_ as a Co-Applicant as described above.

**I have included the following photo identification with this request:**

PRIMARY GOVERNMENT ISSUED PHOTO ID** (MANDATORY - PLEASE ATTACH COPY)			
TYPE OF ID	ID #	PLACE OF ISSUE	EXPIRY DATE

**TO BE COMPLETED BY THE CO-APPLICANT**

<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> OTHER	
FIRST NAME	INITIAL	LAST NAME	MOTHER'S MAIDEN NAME
HOME ADDRESS	APT. NO.	CITY	PROVINCE
			POSTAL CODE
			# OF YEARS
PREVIOUS ADDRESS IF LESS THAN 2 YEARS	APT. NO.	CITY	PROVINCE
			POSTAL CODE
			# OF YEARS
SOCIAL INSURANCE NUMBER (Optional)	DATE OF BIRTH	HOME TELEPHONE	MOBILE TELEPHONE
		( )	( )
EMAIL ADDRESS			
PRIMARY GOVERNMENT ISSUED PHOTO ID** (MANDATORY - PLEASE ATTACH COPY)			
TYPE OF ID	ID #	PLACE OF ISSUE	EXPIRY DATE
SECONDARY ID** (MANDATORY - PLEASE ATTACH COPY)			
TYPE OF ID	ID #	PLACE OF ISSUE	EXPIRY DATE
<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED		MONTHLY INCOME (BEFORE TAX)	SOURCE OF INCOME
CURRENT EMPLOYER NAME	OCCUPATION	BUSINESS TELEPHONE	# OF YEARS
		( )	
EMPLOYER'S ADDRESS	SUITE NO.	CITY	PROVINCE
			POSTAL CODE

**\*\* Valid Photo IDs include a current Provincial Driver's License, Canadian Passport or Certificate of Canadian Citizenship. Other acceptable IDs include a Birth Certificate or Social Insurance Card.**

**TERMS**

**Co-Applicant Terms:** By signing this request, I agree to be added to the Account number indicated in this form as a Co-Applicant and that you may issue a Home Trust Visa card in my name and renewals and replacements from time to time. If I sign, use or accept my card it will mean that I have received and read the Cardholder Agreement. It will also mean that I have understood the Cardholder Agreement and agreed with you to everything written in this Application. I shall be jointly and severally liable for all indebtedness incurred through the use of any cards issued on this card Account. I am aware that a credit report may be obtained for either Co-Applicant now or in the future regarding this Account.

**Co-Applicant Disclosure:** Where there is a Co-Applicant on this Account, you will each receive in separate envelopes monthly Account Statements, disclosure statements, agreements and notices (together called "Statements" in this paragraph) at the address you set out in this Application or other address you provide to us, unless you consent to have one copy sent to one address only.

**You may choose to receive only one copy of Statements by initialling the box below:**

Initial  **I consent to one copy of Statements being sent to us at the address set out in this Application or such new address as we at a later time may give to you.**

You may by notice to us at a later time alter this consent to have Statements sent to each Co-Applicant at the address they provide. You may contact us for further information regarding this matter at 1-877-727-6883.

Initial  **I am not acting on behalf of any third party and the Account will not be used by any third party other than a person specifically designated by either Co-Applicant as an authorized user.**

**We request a Co-Applicant be added to our Home Trust Visa Account and agree to these terms.**

Primary Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_