

Authorized User: An Authorized User is someone who has the primary cardholder's permission to utilize their credit card Account. And Authorized User is **not** liable for the payment of the Account, and **will not be reported to the credit bureau** 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 (Authorized User First and Last Name) _____ to the Home Trust Visa Account number #4403 9610 _____ as an Authorized User 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 AUTHORIZED USER

MARRIED
 SINGLE
 DIVORCED
 SEPARATED
 WIDOWED

 MR.
 MRS.
 MISS
 MS.
 DR.
 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

Authorized User Terms: By signing this request, I agree to be added to the Account number indicated in this form as an Authorized User 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.

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 the Primary Cardholder as an authorized user.**
 Initial

We request an Authorized User be added to our Home Trust Visa Account and agree to these terms.

Primary Cardholder Signature _____ Date _____ Authorized User Signature _____ Date _____

Fax completed form to 1-877-989-9979 or 416-360-6693 or mail to: Home Trust Visa, 145 King Street West, Suite 2300, Toronto ON M5H 1J8