Central CREDIT APPLICATION

Antigonish ☐ New Glasgow ☐ Sydney ☐ Windsor ☐ Inverness ☐ Guysborough ☐ Port Hawkesbury ☐

Plan Applied For:

EQUAL MONTHLY PAYMENT PLAN (REG.)	EQUAL MONTHLY PAYMENT PLAN (MULTI PURCH.)	☐ NET 30 DAYS REVOLVING PLAN	NO INTEREST, NO PAYMENT PLAN
12 Month ☐ 24 Month ☐ 36 Month ☐	12 Month ☐ 24 Month ☐ 36 Month ☐		3 Month ☐ 6 Month ☐

Last Name	First Name	Initial	☐ Mr. ☐ Miss ☐ Dr. ☐ Mrs. ☐ Ms. ☐ Other	Social Insurance Number
				— —

Date of Birth (DD/MM/YY)	☐ Married ☐ Divorced ☐ Common Law ☐ Single ☐ Separated	Spouse's Name	Date of Birth (DD/MM/YY)	Social Insurance Number

Street Number and Name	Apt. #	Town or City	Province	Postal Code

Home Phone	Cellular Phone	E-Mail

EMPLOYMENT

Employer's Name	Work Phone	How Long?	Gross Monthly Salary
			$

Occupation	☐ Part-Time ☐ Seasonal ☐ Full-Time	Former Employer (if less than 2 years)	How Long?

Spouse's Employer (Name & Address)	How Long?	Gross Monthly Salary
		$

Occupation	☐ Part-Time ☐ Seasonal ☐ Full-Time	Former Employer (if less than 2 years)	How Long?

HOME EXPENSE

Mortgage Company/Landlord (Name & Address)		
Contact Person	**Contact Phone**	**Monthly Payment (Including Taxes)**

REFERENCES

Primary Financial Institution (Name & Address)	Account #	☐ Chequing ☐ Savings ☐ Line of Credit/Loan
Have you or your spouse ever had an account with us? (Provide details) ☐ Yes ☐ No	Account #	
Personal Reference (Name & Address)	Phone	

THE UNDERSIGNED AGREES TO PAY A SERVICE CHARGE OF 1.45% PER MONTH (18.0% PER ANNUM) ON ANY AND ALL "PAST DUE" AMOUNTS.

I/We the undersigned consent to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for, or any renewal or extension thereof, and to disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with who the undersigned has/have or propose to have financial relations.

CREDIT CARDS WILL NOT BE ACCEPTED AS PAYMENT ON CENTRAL CREDIT ACCOUNTS.

Dated at _____, **this** _____ **day of** _____, **20** _____ .

Applicant's Signature: _____ **Co-Applicant's Signature:** _____

THIS SECTION FOR CENTRAL USE ONLY

Central Associate	Credit Limit Requested	Monthly Payment	Account #	Approved By (Head Office)	Initial