

Disclosure Statement

- 1. General:** This Disclosure Statement applies to the Account and each Card you have issued on the Account.
- 2. Interest Rate:** The Interest Rate (in Quebec, the Credit Rate) in effect for the period covered by an Account Statement is an annual percentage rate equal to the Variable Prime Lending Rate of The Bank of Nova Scotia in effect on the first Business Day of the month falling within that period plus:
- (a) 21.30% percent per annum if the Interest-Bearing Balance shown on the Account Statement is under \$1,500.00, or
 - (b) 12.45% percent per annum if the Interest-Bearing Balance shown on the Account Statement is \$1,500.00 or more.

This Interest Rate is set out on the Account Statement. In this Disclosure Statement, the "Variable Prime Lending Rate of The Bank of Nova Scotia" means the annual rate of interest announced from time to time by The Bank of Nova Scotia as a reference rate for determining interest rates on Canadian dollar loans in Canada, and "Business Day" means a day on which Canadian chartered banks are open for business in Ontario.

Examples of the cost of borrowing at the Interest Rate (assuming a 30-day period covered by an Account Statement) are shown below:

Average Daily Interest Bearing Balance for the period:	Cost of borrowing for the period at an Interest Rate* of 28.8% ¹ or 19.95% ² .
\$ 100.00	\$ 2.37 ¹
\$ 800.00	\$ 18.94 ¹
\$1,400.00	\$ 33.14 ¹
\$2,000.00	\$ 32.80 ²
\$2,600.00	\$ 42.63 ²

(* Based on a Variable Prime Lending Rate of The Bank of Nova Scotia of 7.5%)

- 3. Service Fees and Other Charges:** The following schedule of service fees and other charges applies to the Account:

- (a) *Annual Service Fee:* No annual service fee for Applicant and a Co-Applicant.
- (b) *Cash Advance Fee:* 1% of the amount of each Cash Advance (minimum charge per transaction: \$2.75; maximum charge per transaction: \$10.00).
- (c) *Late Payment Fees:* \$15.00 or 2% (whichever is less) of the Interest-Bearing Balance (where applicable).
- (d) *Dishonoured Cheque Charge:* \$25.00 for each cheque or other instrument used to pay Debt that is dishonoured by the financial institution on which it is drawn. (This charge is in addition to any NSF service fee charged by that financial institution on the NSF cheque or other instrument.)

Important! Please read these terms which are part of this Application

Please open an Account in my name, issue a Card to me (and to the Co-Applicant, if that person signs this Application), and renew and replace the Card(s) periodically. I certify that all information supplied to you, Hamilton Discount Corporation Limited, in this Application is true and complete.

I will comply with the Disclosure Statement accompanying this Application and the Cardholder Agreement that you will send to me at the time you issue, renew or replace my Card, as amended or replaced from time to time. If the Account is used, or I sign, use or accept my Card, it will mean that I have received and read that Disclosure Statement and Cardholder Agreement. It will also mean that I have understood and agreed with you to everything written there.

If a Co-Applicant signs this Application, they also agree and consent to everything written here, in the Disclosure Statement accompanying this Application and in the Cardholder Agreement that you will send to them at the time you issue, renew or replace their Card, as amended or replaced from time to time.

From time to time,

- (a) You may collect credit, personal and other information (including information related to my transactions) about me ("Information") from me, from service arrangements I have made with or through you, from credit bureaux and personal information agents, from credit grantors, insurers and my employer, and from references I have provided to you;
- (b) You may use Information as follows:
 - (i) to give it to credit bureaux and personal information agents, to credit grantors, insurers and my employer and, with my consent, to other parties,
 - (ii) to determine my financial situation,
 - (iii) to provide me with the services I request from you, and
 - (iv) to give it to anyone who works with or for you, but only as needed in connection with the services I request from you.

You may use my social insurance number as an aid to identify me with credit bureaux and others for credit history file matching and other administrative purposes. I am not required to provide that number to you for these purposes; and

- (c) You may also use Information for the following purposes:
 - (i) to promote your services to me and add it to client lists you prepare and use for this purpose, and
 - (ii) share it with Merchants and other Citigroup members (where the law allows this) so that they may promote their services to me.

I may tell you to stop using Information in the ways described in (c) above at any time by writing to you at Hamilton Discount Corporation Limited, 328 Green Road, Stoney Creek, ON L8E 5T7.

You acknowledge that the use of Information in the ways described in (c) above is at my option and that I will not be refused credit or other services just because I have told you to stop using it in those ways.

For the purposes of (c) (ii) above, "Merchants" mean merchants which honour an Account or a Card as the method of payment for goods or services (or both) that I may purchase from them; and other Citigroup members include your affiliates which are engaged in the business of providing any one or more of the following services to the public in Canada: deposits, loans and other personal financial services; credit, charge and payment card services; leasing and indirect lending services; insurance services.

If I am no longer your client, you may keep Information in your records so long as it is needed for the purposes described in (b) above. **I consent to, and accept this as prior written notice of, your obtaining a credit report or other Information about me from time to time.**

All applicants must be of the age of majority in their province of residence.



Personal Credit Account Application

Preferred Language ☐ English ☐ French

PLEASE PRINT CLEARLY

Photo ID: Type: _____ #: _____		Store No./Location:	
Personal Information		Credit Limit Requested:	
Applicant Name:		Co-Applicant Name:	
Current Address:			
City:	Province:	Postal Code:	☐ Rent ☐ Own
How Long At Present Address? ____ Years ____ Months	Home Telephone #:	Cell Phone #:	E-mail Address:
Previous Address (If less than 2 years):			
SIN:	Date of Birth: ____ Year ____ Month ____ Day	Co-Applicant SIN:	Co-Applicant Birthdate: ____ Year ____ Month ____ Day
Employment Information			
Employer Name:		Address:	
City:	Province:	Postal Code:	Telephone #: Fax #:
Occupation:	Type of Employment:	☐ Full Time ☐ Part Time ☐ Seasonal	
How Long With Current Employer:	Previous Employer (if less than 2 years at current):	Occupation:	How Long With Previous Employer:
Co-Applicant Employer:		Telephone #:	
Occupation:		How Long With Employer:	
Financial Information			
Gross Monthly Income: \$	Co-Applicant Gross Monthly Income: \$	Other Income and Source: \$	
Bank Name:	Address:		
City:	Province:	Postal Code:	Telephone #:
Credit Information			
Creditor:	Account:	Limit:	Monthly Payment:
Outstanding Balance:			
Signatures and Customer Agreement – This is a legal document – Please read this before signing.			

Please read the attached Account Agreement, review this application to ensure that all information requested has been supplied, then sign below. Missing information will delay the processing of this application.

By signing below, I am agreeing with you, Hamilton Discount Corporation Limited, to everything written here in the Disclosure Statement accompanying this Application, and in the Cardholder Agreement that you will send to me at the time you issue, renew or replace my Card.

X

Applicant Signature

Date

X

Co-Applicant Signature

Date

Please Print Name CLEARLY

Please Print Name CLEARLY

Optional ChargeGard Protection – for Personal Accounts Only.

ODINTCONS03-01

Please enroll me/us in the ChargeGard program, which protects my/our account as described. I/we understand that it is not required in order to obtain credit and that it will not be provided unless I/we sign and agree to the additional costs as disclosed: 75¢ per \$100 of my/our previous month's balance. Valid for Personal Accounts only.

☐ CHECK HERE FOR CHARGE GARD – Signature _____

Complete, sign and fax this application to 1-800-871-7797;
or mail to Office Depot, 328 Green Road, Stoney Creek, ON L8E 5T7 Ph. 1-800-563-4680