

Important! Please read these terms which form part of this Application.

TO: Hamilton Discount Corporation Limited

Please open an Office Depot Business Credit Card account ("Account") in the Applicant's name, issue an Office Depot Business Account credit card ("Card") on the Account to each Co-Applicant who signs this Application, or to each Cardholder identified by the Applicant in this Application, and renew and replace the Card(s) periodically.

The Applicant and each Co-Applicant who signs this Application ("we") certify that all information we have supplied to Hamilton Discount Corporation Limited ("you") in this Application is true and complete and acknowledge that you will be relying on that information in connection with this Application and your on-going dealings with us.

If the Applicant for the Account is a corporation or a partnership, the Applicant will comply with the Business Credit Card Agreement and Disclosure Statement that you will send to the Applicant or Cardholders when you issue, renew or replace their Card. If a Cardholder signs, uses or accepts their Card, it will mean that the Applicant has received and read the Agreement and the Disclosure Statement. It will also mean that the Applicant has understood and agreed with you to everything written there.

If the Applicant for the Account and each Co-Applicant who signs this Application are individuals, we will comply with the Business Credit Card Agreement and Disclosure Statement that you will send to us when you issue, renew or replace our Cards. If we sign, use or accept a Card, it will mean that we have received and read the Agreement and the Disclosure Statement. It will also mean that we have understood and agreed with you to everything written there. We will be jointly and severally (in Quebec, solidarily) liable to you for all Debt charged to the Account, no matter how it is incurred or who has incurred it and even though you may send Account statements to the Applicant and not to any Co-Applicant. However, you will provide Account statement or other information about that Debt to any Co-Applicant at their request.

From time to time,

- (a) You may collect credit, personal and other information (including information related to my transactions) about us ("Information") from us, from service arrangements we have made with or through you, from credit bureaux and personal information agents, from credit grantors, insurers and my employer, and from references we have provided to you;

- (b) You may use Information as follows:

- (i) give it to credit bureaux and personal information agents, to credit grantors, insurers and a Cardholder's employer and, with our consent, to other parties,
- (ii) to determine our financial situation,
- (iii) to provide us with the services we request from you, and
- (iv) give it to anyone who works with or for you, but only as needed in connection with the services we request from you.

You may use our social insurance number(s) as an aid to identify us with credit bureaux and others for credit history file matching and other administrative purposes. We are 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 us and add it to client lists you prepare and use for this purpose, and
- (ii) share it with Merchants and other members of Citigroup (where the law allows this) so that they may promote their services to me.

We 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 our option and that we will not be refused credit or other services just because we 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 we may purchase from them; and other members of Citigroup 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 we are no longer your client, you may keep Information in your records so long as it is needed for the purposes described in (b) above. **We 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 individual applicants must be of the age of majority in their province of residence.



Business Credit Card Application

Preferred Language ☐ English ☐ French

PLEASE PRINT CLEARLY

You Must Have Photo ID To Apply For Instant Credit		Store #/Location		Credit Limit Requested	
☐ Check Here If Sale Pending Photo ID Type: _____ \$ _____ Sale Pending Amount Business #: _____					
Please Tell Us About Your Business					
Business Legal Name:			Operating Name:		
Address:			City:	Province:	Postal Code:
Telephone #:	Fax #:	Cell Phone #:		In Business Since (Year):	
Please Indicate Head Office Address (If Not Same):			Billing Address (If Not Same):		
Please Indicate Type of Business: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Other			# of Employees:		E-Mail Address:
Accts Payable Contact:		Telephone #:	Ext. #:	Are P.O. #'s Required? ☐ Yes ☐ No	
Please List Business Principals Including Name and Title:					
1.			2.		
Name(s) to Appear on Card:					
1.			2.		
# of Cards Required:		PST # (If Exempt):		GST # (If Exempt):	
Financial/Trade Information					
Trade References (Name):		Contact Name:	Telephone #:	Fax #:	
1.					
2.					
Name of Bank/Financial Institution:		Branch Address:	Telephone #:	Account #(s):	

This Section Must Be Completed If Your Business Is A Sole Proprietorship

Applicant Personal Information			Co-Applicant Personal Information		
Name:			Name:		
Home Address:		Apt. #:	Home Address:		Apt. #:
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Date of Birth: ____ Year ____ Month ____ Day		Telephone #:	Date of Birth: ____ Year ____ Month ____ Day		Telephone #:
Cell Phone #:		Fax #:	Cell Phone #:		Fax #:
Signature(s)					
<i>Please see the accompanying document for important information. By signing below, the Applicant and each Co-Applicant who signs this Application agree with you, Hamilton Discount Corporation Limited, to everything written here and in the Important terms forming part of this Application.</i>					
Applicant Name (Please Print)		Applicant Signature	Date		
Co-Applicant Name (Please Print)		Co-Applicant Signature	Date		

Signature (Corporations and Partnerships)

Please see the accompanying document for important information. By signing below, the Applicant agrees with you, Hamilton Discount Corporation Limited, to everything written here and in the Important terms forming part of this Application. An individual who signs this Application for the Applicant is doing so in their representative capacity as an authorized signing officer of the Applicant and certifies that they are so authorized.

Applicant Name (Please Print)

Per (Please Sign and Print Name)

Date

ODINTCOMM0301

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