APPLICATION FOR CREDIT

☐ Emergency or rush? Please check here.

MEDICARD iFinance CANADA

APPLICANT'S INFORMATION

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐	First Name & Initial(s):	Last Name:	Date of Birth: (DD/MM/YY)
Home Number:	Work Number:	Cell Number:	Email:
Present Address: Apt #: City: Prov.: Postal Code:			How Long At This Address?
Own ☐ Rent ☐ Parents ☐	Monthly Rent or Mortgage: $	Mortgage Lender:	Social Insurance # (Optional):	Driver's License # + Province (Optional in Québec):
Occupation:	Present Employer (Company Name):	Contact Name:	Employer's Phone Number:	Length of Employment:
Full Time ☐ Part Time ☐ Retired ☐ Self Employed ☐ Student ☐	Gross Monthly Income: $	Other Income (Specify): $	
If Self Employed, State Name of Source of Income / Accountant:		Accountant's Phone Number:	
Please provide two personal references	**#1** First Name:	Last Name:	Phone Number:
	#2 First Name:	Last Name:	Phone Number:

CO-APPLICANT'S INFORMATION (If any)

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐	First Name & Initial(s):	Last Name:	Date of Birth: (DD/MM/YY)
Home Number:	Work Number:	Cell Number:	Email:
Present Address: Apt #: City: Prov.: Postal Code:			How Long At This Address?
Own ☐ Rent ☐ Parents ☐	Monthly Rent or Mortgage: $	Mortgage Lender:	Social Insurance # (Optional):	Driver's License # + Province (Optional in Québec):
Occupation:	Present Employer (Company Name):	Contact Name:	Employer's Phone Number:	Length of Employment:
Full Time ☐ Part Time ☐ Retired ☐ Self Employed ☐ Student ☐	Gross Monthly Income: $	Other Income (Specify): $	
If Self Employed, State Name of Source of Income / Accountant:		Accountant's Phone Number:	
Please provide two personal references	**#1** First Name:	Last Name:	Phone Number:
	#2 First Name:	Last Name:	Phone Number:

☐ I/we are interested in the Optional Creditors Life & Accidental Disability Insurance Program. I/we understand that it is not required in order to obtain credit. The Creditor's Life Insurance Program protects my/our account for the balance of the loan, to be paid in full, if the borrower(s) should die. The Accidental Disability Program protects my/our account for the monthly payment if the borrower(s) should become totally disabled due to injury. The cost of the insurance will be added to my fixed monthly payments at a cost of $1.50 per $100.00 per year for single and $2.70 per $100.00 per year for joint insurance. For further information, contact iFinance. Underwritten by subsidiaries of First Creditors Insurance. *Applicable to the fixed monthly payments program only. **May not be available in all provinces.

☐ **If you are a business owner and interested in deducting 100% of your medical expenses, check here for more information.**

TERMS AND CONDITIONS

I/we understand that the above information (the "Collected Information") is being collected for the purpose of obtaining credit from Medicard, a division of iFinance Canada Inc. ("iFinance") and is warranted to be true and complete. I/we hereby authorize and consent to the collection of the Collected Information and to the making by iFinance, its successors and assigns of whatever credit investigations and/or employment and income confirmations iFinance or its successors and assigns may deem appropriate from time to time, and to the disclosure, sharing or exchange of the Collected Information and any report or information based thereon for these purposes with credit reporting agencies, and amongst iFinance, its successors and assigns or any company with whom I/we have or propose to have a financial relationship.

READ ADDITIONAL TERMS AND CONDITIONS BELOW AND SIGN WHERE INDICATED IF YOU ACCEPT THESE TERMS.

If approved, iFinance will contact your provider or medical facility.

X _____ Date _____
Signature of Applicant

X _____ Date _____
Signature of Co-Applicant (if applicable)

_____
Patient's Name (If applicable)

_____
Approximate Date of Procedure

$ _____
Amount of Financing Required

_____
Medical Treatment Centre / Doctor's Name

Please check one:

☐ Fixed monthly payment
◯ 6 mths ◯ 1 yr ◯ 2 yrs ◯ 3 yrs ◯ 4 yrs ◯ 5 yrs ◯ 6 yrs

or

☐ Credit card (*i.e. for amounts under $200. See terms below*)

AGREEMENT & CONSENT to USE of PERSONAL INFORMATION
For application of the iFinance Medicard Credit Card

I/we accept this as written notice of IFINANCE CANADA INC. ("IFINANCE"), its affiliates, service providers and professional advisors (collectively IFINANCE) receiving, disclosing, exchanging and using any Collected Information and any other personal information (collectively the "Personal Information") about me/us for the purposes set out below.

IFINANCE, its affiliates and service providers may use any Information relating to me/us:

a) to establish, maintain and administer my/our Credit Card;
b) to determine my/our eligibility for products, goods and services offered by IFINANCE including monitoring my/our purchase history as well as evaluating my/our credit standing;
c) to determine the suitability of benefits, services or enhancements; and/or which other product or service offers may be of interest to me/us;
d) to promote and market additional products, goods and services offered by IFINANCE including by means of direct marketing; &
e) to comply with legal and regulatory requirements;
f) for any other purpose not prohibited by law.

I/we hereby also authorize any person who is contacted in this regard to provide such information.
I /we acknowledge that my/our consent to "Use of Personal Information" includes:

a) IFINANCE providing the service provider who accepts the Credit Card for which I/we am applying (the "Retailer") with IFINANCE's decision with respect to this application and if my/our Card application is accepted, my/our Account number and any other information which the Retailer may reasonably require;
b) The Retailer providing IFINANCE with information related to any loyalty or reward program offered by that retailer where such loyalty or reward programs is administered by IFINANCE and IFINANCE's receipt, exchange and use of such information.

Credit will be extended by IFINANCE upon approval of this application and I/we request an account card be issued to me/us and any renewal or replacements thereof. All information provided by me/us in connection with this application is true, accurate and complete in all respects.

I/we consent to the creation of a Personal Information file containing credit and other personal information. Only those employees of IFINANCE whose job functions involve assessment of creditworthiness, credit applications, monitoring, processing of payments and matters relating to the purpose of the file, will have access to my/our file.
I/we understand I/we can tell you to stop using Personal Information about me/us in order to promote and market additional products, goods and services offered by IFINANCE. I agree that my/our Social Insurance Number may be used as an aid to identify me/us with credit bureaus and others for credit history file matching and other administrative purposes.

I/we also consent to the retention of Personal Information about me/us for as long as is needed for the purposes described above, even after I/we cease to be a customer. In order to ensure the accuracy, completeness and integrity of the credit reporting system, I/we specifically consent to the continued disclosure of my/our Personal Information to credit bureaus even after the loan or credit facility has been retired.

How to apply

Fax your completed application to:
1-888-689-9862

Visit our website and complete our ***online*** application
medicard.com

Scan and ***email*** your completed application to:
credit@medicard.com

Apply by ***phone*** to:
1-888-689-9876