

TIM-BR Mart Project Card Application Form

Please print and fill out this application form (please print and use a pen). When you have completed the form, either fax or mail it to Kimberley Building Supplies (contact information is provided at the bottom of the form), or to the nearest participating TIM-BR Mart Building Centre. You will be contacted with regards to the status of your application as soon as possible.

PLEASE TELL US ABOUT YOURSELF

Last Name _____ First Name _____ Initial _____
Date of Birth (MM/DD/YY) ___ / ___ / ___ Social Insurance Number ___ - ___ - ___
Driver's License Number _____ Province of Driver's License _____
Home Telephone Number ___ - ___ - ___

Current Street Address _____ Unit or Apartment No. _____
City _____ Province _____ Postal Code _____
Years There _____ Do you own or rent? If other, please explain _____

Previous Street Address (if moved in past 2 years) _____
Unit or Apartment No. _____ City _____ Province _____
Postal Code _____ Years There _____
Did you own or rent? If other, please explain _____

New Street Address (if moving) _____ Unit or Apartment No. _____
City _____ Province _____ Postal Code _____
Moving Date (MM/DD/YY) ___ / ___ / ___

Name of Nearest Relative _____ Relation _____
Street Address _____ Unit or Apartment No. _____
City _____ Province _____ Postal Code _____
Phone Number ___ - ___ - ___

PLEASE TELL US ABOUT YOUR JOB

Current Employer _____ Employed Since (MM/YY) ___ / ___
Position _____ Gross Monthly Income \$ _____
Business Telephone Number ___ - ___ - ___ City _____ Province _____

Previous Employer (if at current employer less than 4 years) _____
Employed From (MM/YY) ___ / ___ Employed To (MM/YY) ___ / ___
Position _____ Business Telephone Number ___ - ___ - ___

JOINT APPLICANT (SPOUSE) INFORMATION

Last Name _____ First Name _____ Initial _____
Date of Birth (MM/DD/YY) ___ / ___ / ___ Social Insurance Number ___ - ___ - ___

Current Street Address _____ Unit or Apartment No. _____
City _____ Province _____ Postal Code _____

Current Employer _____ Employed Since (MM/YY) ___ / ___
Position _____ Gross Monthly Income \$ _____
Business Telephone Number ___ - ___ - ___

FINANCIAL INFORMATION

Frequently Used Bank or Trust Company _____
 Address _____ City _____ Province _____

Monthly Mortgage/Rent Payments \$ _____

Liabilities	Name	Monthly Payment	Balance Owning
Bank Loans		\$	\$
		\$	\$
Finance Company Loans		\$	\$
		\$	\$

Account Type:

___ Savings ___ Chequing ___ Eatons/Bay/Sears ___ Visa ___ AMEX/Optima ___ MasterCard
 ___ Other Dept. Store/Oil Card ___ Other (Please Explain) _____

Valid Credit Card No. _____ Expiry Date (MM/YY) ___ / ___

PLEASE SIGN THIS APPLICATION

1. I, the undersigned Applicant, and where applicable, the Joint Applicant, specifically apply for, and request you to establish, an Account to provide credit under the terms of the Revolving Credit Agreement, with the form number specified above, as amended or replaced from time to time, (the "Agreement"). Credit will be extended upon approval of my application and I agree to be bound by the terms of the Agreement. I certify that the information in this application is correct.
2. I acknowledge receipt of a true copy of the most recent revision of the Agreement at the time of signing this application and prior to the extension of credit.
3. I request you to supply me with any identification card and any credit card, including any renewal, for which I may qualify.
4. If approved, the Agreement is subject to changes in the cost of borrowing. The Interest Rate may change and you may notify me of such change in the monthly statement, which will specify the effective date of the new Interest Rate (the "Effective Date"). The monthly minimum payment required under the Agreement may be changed as a result of any change in the Interest Rate. Annual fees, N.S.F. fees and other administration fees may be charged or increased, as the case may be, also upon notice. If credit insurance is elected, the premium rate may be changed at any time upon giving thirty (30) days notice of such change.
5. I authorize you and any of your affiliates (including Household Financial Corporation Limited) to obtain consumer, credit and personal reports concerning me from any consumer, credit or personal reporting agencies, any of your affiliates, any credit grantor or any other source. Any information obtained in connection with this credit application or concerning my credit history and any information regarding any of my loan or deposit accounts with you or any of your affiliates may be divulged to you or any of your affiliates or any credit grantors or any consumer, credit or personal reporting agencies.

Signature of Applicant _____ Date _____

Signature of Joint Applicant _____ Date _____

WOULD YOU LIKE CREDIT INSURANCE?

CREDIT INSURANCE APPLICATION

Creditors Group Insurance is available through Household Life Insurance Company, Alexander Hamilton Life Insurance Company or American Bankers Insurance Company of Florida. The purchase of this insurance is voluntary and not a condition of obtaining credit. I am not eligible to apply for this insurance if the amount of credit exceeds \$25,000.

The initial premium for this insurance is \$0.69 per month per \$100 of average daily outstanding balance on my Revolving Credit Account. This premium rate may change at any time and I will be notified at least 30 days in advance if it does change. Premiums and applicable sales tax will be billed to me in the monthly statements for the Account.

I acknowledge that I have read the "Notice of Proposed Credit Insurance" that I received with the Agreement referred to above.

Yes, with the above understanding, I hereby request enrollment in the Creditor's Group Insurance Plan.

No, I do not wish to enroll in the Creditor's Group Insurance Plan.

Signature of Applicant _____ Date _____

M-00-0299 (05/26) All prov. ex. Que.

**SEND COMPLETED APPLICATIONS TO:
Kimberley Building Supplies
335 Jennings Avenue
Kimberley, British Columbia V1A 2K5
Fax: (250) 427-2002**

SALE AND CREDIT INFORMATION (to be completed by Merchant)

Agreement Number CE _____ Account Number _____ 015238713 _____

Type of Sale: Regular Promotion Type _____

Amount to be Financed \$ _____ Signature of Merchant _____