



Business Information						
002-01	1CA	STORE NUMBER HHD	Type 20	Plan 15	TYPE OF ORGANIZATION (CHECK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PUBLIC SCHOOL <input type="checkbox"/> FP 500	
CREDIT LIMIT REQUESTED		HOW MANY EMPLOYEES DO YOU HAVE?	WHAT ARE YOUR ANNUAL SALES?	TIME IN BUSINESS	YRS.	MOS.
NAME OF COMPANY				LANGUAGE PREFERENCE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		
ADDRESS IN FULL			CITY / TOWN / PROVINCE	POSTAL CODE		
AREA CODE	BUSINESS TELEPHONE		TYPE OF BUSINESS			

Authorized Cardholders					
1.	FIRST NAME	I	NITIAL	LAST NAME	TITLE
2.	FIRST NAME	I	NITIAL	LAST NAME	TITLE
3.	FIRST NAME	I	NITIAL	LAST NAME	TITLE
4.	FIRST NAME	I	NITIAL	LAST NAME	TITLE
5.	FIRST NAME	I	NITIAL	LAST NAME	TITLE

Business References			
BANKING INSTITUTION	ADDRESS	CITY / PROVINCE	ACCOUNT NUMBER
TRADE REFERENCE 1	ADDRESS	CITY / PROVINCE	
TRADE REFERENCE 2	ADDRESS	CITY / PROVINCE	

PLEASE READ THE FOLLOWING, ENTER DATE AND SIGN
 We certify the above information to be true, and upon approval of our application for credit, request an account card be issued to the authorized cardholders and any renewal, replacement or duplicate thereof. We agree to be bound by the Account Agreement received with the card, and understand that signing, using or accepting a Card will constitute acceptance of the Agreement. Wells Fargo Financial Retail Services Company Canada and its affiliates are authorized to obtain credit reports on the organization identified above now and in the future and has our consent to disclose information of a credit nature to reporting agencies or any company with whom we have any or may expect to have financial dealings.
 For Quebec residents: The parties have expressly requested that this contract be written in English.
 Les parties ont expressément exigé que ce contrat soit rédigé en anglais.

NAME OF AUTHORIZED OFFICER	TITLE	PHONE NUMBER
SIGNATURE OF AUTHORIZED OFFICER		DATE

Should you apply as a joint applicant?

- Yes, if your business...
 is less than 2 years old, or
 has fewer than 10 employees, or
 is a partnership or proprietorship.

If we can't grant you credit on the basis of your company's information, you may be able to receive credit if you agree to be responsible for paying your company's account.

You must be one of these: (Check one)

- President or Chairman Vice President Other Officer
 Owner or sole proprietor General Partner

Personal Information												
FIRST NAME			INITIAL		LAST NAME			DATE OF BIRTH		M	D	Y
APT.	STREET ADDRESS				CITY	PROVINCE	POSTAL CODE					
AREA CODE	HOME PHONE						TIME AT RESIDENCE	YRS.	MOS.			
()												
APT.	PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS)				CITY	PROVINCE	POSTAL CODE					
DRIVER'S LICENCE NUMBER			PROVINCE	SOCIAL INSURANCE NUMBER (OPTIONAL)			EMAIL ADDRESS					

Credit History						
BANK INSTITUTION	BRANCH ADDRESS	SAVINGS ACCT. NUMBER	CHEQUING ACCT. NUMBER	AREA CODE	PHONE NUMBER	()
PLEASE CHECK IF YOU HAVE THE FOLLOWING CREDIT CARDS:				VISA/MASTERCARD/AMEX NUMBER		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX				

PLEASE READ THE FOLLOWING, ENTER DATE, AND SIGN.

I, the undersigned Applicant, apply for and request Wells Fargo Financial Retail Services Company Canada (WFFRS) or its affiliates to establish an account to provide credit under the terms of the Cardholder Agreement and I further agree and consent to the use of "personal information" as set out in the Agreement and Consent to Use of Personal Information on the reverse.

By signing this section of the application and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I agree to be a joint Account holder with my company and to be jointly and severally (solidarily in Quebec) liable, as principal debtor and not as surety, for prompt performance of all of the account holder's obligations under, and the payment upon demand of all amount due on the Home Hardware revolving account that is opened with this application. My liability hereunder shall be primary, direct and in all respects unconditional and shall be binding upon my respective successors and assigns, and shall not be released unless specifically agreed to in writing.

For Quebec residents: The parties have expressly requested that this contract be written in English.
 Les parties ont expressément exigé que ce contrat soit rédigé en anglais.

I consent to the receipt, disclosure and exchange of personal information (including credit, employment, or other information) from, to or with any credit reporting agency, credit bureau, personal information agent, credit grantor, insurer, employer, affiliate of WFFRS or other person with whom I have or propose to have a financial relationship.

Signature of Applicant	Date
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AGREEMENT & CONSENT to USE of PERSONAL INFORMATION

I consent to and accept this as written notice of WFFRS, its affiliates, service providers, professional advisors, and insurers and their agents receiving, disclosing, exchanging and using any personal information about me for the purposes set out below. I hereby also authorize any person who is contacted in this regard to provide such information. I acknowledge that my consent to "Use of Personal Information" includes:

- a) WFFRS providing the retailer who accepts the card for which I am applying (the "Retailer") with WFFRS' decision with respect to this application and if my card application is accepted, my account number and any other information which the Retailer may reasonably require;
- b) The Retailer providing WFFRS with information related to any loyalty or reward program offered by that retailer where such loyalty or reward program is administered by WFFRS and WFFRS' receipt, exchange and use of such information.

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

In this Agreement & Consent "personal information" means any information that relates to an individual and allows that individual to be identified. In order to evaluate my credit application, to continue monitoring my credit status, to provide any insurance coverage I apply for in connection with my account card and for the purposes set out below (the "purpose of the file"), I consent to the creation of personal information files containing credit and other personal information. Only those employees of WFFRS and its affiliates, insurers and their agents whose job functions involve assessment of creditworthiness, credit applications, monitoring, processing of payments, administration of insurance coverages and matters relating to the purpose of the file, will have access to my file.

WFFRS, its affiliates, insurers and their agents and service providers may use any personal information relating to my account or me:

- a) to establish, maintain and administer my account;
- b) to determine my eligibility for products, goods and services offered by WFFRS, its affiliates, insurers and their agents, and selected service providers, including monitoring my purchase history as well as evaluating my credit standing;
- c) to determine the suitability of account benefits, services or enhancements, and/or which other product or service offers may be of interest to me;
- d) to promote and market additional products, goods and services offered by WFFRS, its affiliates, insurers and their agents, and selected service providers, including by means of direct marketing;
- e) to administer any insurance coverage or services I receive or apply for in connection with my account card;
- f) to comply with legal and regulatory requirements; and
- g) for any other purpose not prohibited by law.

I understand I can tell you to stop using personal information about me in order to promote and market additional products, goods and services offered by WFFRS, its affiliates, insurers and their agents, and service providers. I agree that my Social Insurance Number may be used as an aid to identify me with credit bureaus and others for credit history file matching, insurance and other administrative purposes.

I also consent to the retention of personal information about me for as long as is needed for the purposes described above, even after I cease to be a customer. While I understand that I can tell WFFRS, its affiliates, insurers and their agents, and service providers to stop using and/or exchanging information about me in order to market their products and services, I agree that during the term of any loan or credit facility, I may not withdraw my consent to the ongoing collection, use or disclosure of my personal information in connection with the loan or credit facility. Moreover, in order to ensure the accuracy, completeness and integrity of the credit reporting system, I specifically consent to the continued disclosure of my personal information to credit bureaus even after the loan or credit facility has been retired and I promise that I shall not withdraw such consent. I understand I have the right to access my file upon written request and to correct or complete the information in my file.