







## **CHARGE ACCOUNT APPLICATION**

(03) SURNAME		(01)
(04) GIVEN NAME		
SPOUSE		(**,
(08) STREET ADDRESS		
(09) MAILING ADDRESS		
(10) TOWN		
(06) HOME PHONE #		
E-MAIL		
(30) DATE OF BIRTH DAY MON	YEAR	
EMPLOYED BY	pos	ITION
CONTACT	PHONE #	EXT
BANK	ADDRESS	
CONTACT		
- CONTACT	FRONE #	EAI
PERSONAL REFERENCE		PHONE #
CREDIT CARD NUMBER		TYPE
CREDIT CARD NUMBER	EXPIRY	TYPE
PRESCRIPTION DRUG INSURANCE COMPANY		
CREDIT CARD NUMBERPRESCRIPTION DRUG INSURANCE COMPANY		
I WILL ASSUME ALL AMOUNTS OWING ON THIS ACCOUN DUE" IS NET 30 DAYS FROM STATEMENT DATE (THE EN APPLY TO BALANCES OVER 30 DAYS. I AUTHORIZE DEL MY NAME OR TO BE SENT FOR COLLECTION AND ACCO	ND OF THE MONTH). INTEREST CHARGE LINQUENT ACCOUNT BALANCES TO BE CI	S OF 2% PER MONTH (26.82% P.A.) WIL HARGED TO THE ABOVE CREDIT CARD II
THORIZED CHARGE NATURE		DATE
THORIZED CHARGE SNATURE	AUTHORIZED TO CHARGE SIGNATURE	