

# MEDICARD APPLICATION FOR CREDIT

## APPLICANT'S INFORMATION

First Name & Initial(s):	<input type="text"/>	Last Name:	<input type="text"/>		
Home Number:	<input type="text"/>	Email:	<input type="text"/>		
Present Address:	<input type="text"/>	City:	<input type="text"/>	Date of Birth: (dd/mm/yyyy)	<input type="text"/>
Province:	<input type="text"/>	Postal Code:	<input type="text"/>	Monthly Income:	<input type="text"/>
Monthly Rent or Mortgage:	<input type="text"/>	SIN#:	<input type="text"/>	Contact Number:	<input type="text"/>

## TERMS AND CONDITIONS

I/we understand that the above information (the "Collected Information") is being collected for the purpose of obtaining credit from Medicaid, carrying on business as 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.

<input checked="" type="checkbox"/> _____ Date _____ Signature of Applicant	Amount of financing requested: \$ <input type="text"/>
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## AGREEMENT & CONSENT to USE of PERSONAL INFORMATION For application of the Medicaid Credit Card

I/we accept this as written notice of MEDICARD, carrying on business as 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:

- to establish, maintain and administer my/our Credit Card;
- 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;
- to determine the suitability of benefits, services or enhancements; and/or which other product or service offers may be of interest to me/us;
- to promote and market additional products, goods and services offered by IFINANCE including by means of direct marketing; &
- to comply with legal and regulatory requirements;
- 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:

- 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;
- 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.

# MEDICARD Monthly Payment Sample Chart (lowest-highest) \$ Canadian

Amount	5 years	4 years	3 years	2 years	1 year	6 Months
\$500.00	11.27 - 14.98	13.44 - 17.57	17.10 - 20.51	24.45 - 27.75	46.59 - 49.85	90.91 - 94.34
\$1,000.00	22.53 - 29.95	26.89 - 34.01	34.21 - 41.08	48.93 - 55.58	93.23 - 99.85	181.94 - 188.94
\$1,500.00	33.79 - 44.91	40.31 - 50.98	51.30 - 61.58	73.37 - 83.34	139.83 - 149.73	272.88 - 283.35
\$2,000.00	45.06 - 59.89	53.77 - 68.02	68.41 - 82.15	97.85 - 111.15	186.46 - 199.69	364.08 - 378.34
\$2,500.00	56.31 - 74.84	67.19 - 84.97	85.49 - 102.64	122.29 - 138.90	233.04 - 249.55	454.82 - 472.29
\$3,000.00	67.58 - 89.84	80.65 - 102.03	102.62 - 123.23	146.77 - 166.73	279.69 - 299.54	546.11 - 567.51
\$3,500.00	78.83 - 104.78	94.06 - 118.96	119.69 - 143.70	171.20 - 194.46	326.26 - 349.37	636.75 - 661.21
\$4,000.00	90.11 - 119.78	107.53 - 136.04	136.82 - 164.30	195.70 - 222.31	372.92 - 399.39	727.75 - 755.74
\$4,500.00	101.35 - 134.72	120.93 - 152.95	153.89 - 184.75	220.12 - 250.02	419.48 - 449.19	818.68 - 850.20
\$5,000.00	112.63 - 149.73	134.41 - 170.05	171.03 - 205.38	244.62 - 277.88	466.14 - 499.23	909.69 - 944.68
\$5,500.00	123.87 - 164.65	147.81 - 186.94	188.08 - 225.81	269.04 - 305.58	512.69 - 549.01	1000.60 - 1039.04
\$6,000.00	135.16 - 179.67	161.29 - 204.06	205.23 - 246.45	293.54 - 333.46	559.37 - 599.08	1091.63 - 1133.61
\$6,500.00	146.40 - 194.59	174.68 - 220.92	222.28 - 266.86	317.95 - 361.13	605.91 - 648.83	1182.53 - 1227.96
\$7,000.00	157.69 - 209.62	188.17 - 238.06	239.44 - 287.53	342.46 - 389.03	652.60 - 698.92	1273.50 - 1322.55
\$7,500.00	168.92 - 224.53	201.55 - 254.91	256.48 - 307.92	366.87 - 416.69	699.13 - 748.66	1364.46 - 1416.87
\$8,000.00	180.21 - 239.56	215.14 - 272.34	273.64 - 328.60	391.39 - 444.61	745.83 - 798.77	1455.50 - 1511.48
\$8,500.00	191.44 - 254.46	228.42 - 288.90	290.67 - 348.98	415.78 - 472.25	792.34 - 848.48	1546.39 - 1605.79
\$9,000.00	202.74 - 269.51	241.93 - 306.09	307.84 - 369.68	440.31 - 500.18	839.06 - 898.62	1638.33 - 1702.54
\$9,500.00	213.96 - 284.40	255.30 - 322.89	324.87 - 390.03	464.70 - 527.81	885.56 - 948.30	1728.32 - 1794.70
\$10,000.00	225.26 - 299.45	268.81 - 340.09	342.05 - 410.76	489.23 - 555.76	932.23 - 998.46	1820.37 - 1891.70
\$10,500.00	236.48 - 314.34	282.27 - 357.17	359.18 - 431.39	513.76 - 583.71	978.94 - 1048.48	1910.35 - 1983.82
\$11,000.00	247.79 - 329.40	295.82 - 374.47	376.42 - 452.29	538.41 - 611.99	1025.94 - 1099.41	2002.40 - 2080.87
\$11,500.00	259.01 - 344.28	309.15 - 391.19	393.39 - 472.47	562.69 - 639.30	1072.17 - 1148.34	2092.28 - 2172.75
\$12,000.00	270.32 - 359.34	322.71 - 408.51	410.64 - 493.41	587.35 - 667.63	1119.21 - 1199.35	2184.44 - 2270.05
\$12,500.00	281.53 - 374.21	336.03 - 391.19	427.60 - 513.56	611.62 - 694.89	1165.40 - 1248.19	2274.22 - 2361.69
\$13,000.00	292.84 - 389.29	349.60 - 442.55	444.86 - 534.53	636.30 - 723.26	1212.48 - 1299.30	2366.47 - 2459.21
\$13,500.00	304.05 - 404.15	362.91 - 459.22	461.80 - 554.64	660.55 - 750.49	1258.64 - 1348.05	2274.22 - 2550.62
\$14,000.00	315.37 - 419.23	376.49 - 476.59	479.08 - 575.65	685.24 - 778.90	1305.75 - 1399.24	2548.51 - 2648.38
\$14,500.00	326.57 - 434.09	389.80 - 493.24	496.01 - 595.73	709.48 - 806.08	1351.87 - 1447.90	2638.09 - 2739.56
\$15,000.00	337.90 - 449.18	403.39 - 510.64	513.30 - 616.76	734.19 - 834.53	1399.02 - 1499.19	2730.54 - 2837.56
\$15,500.00	349.09 - 464.03	416.79 - 527.58	530.36 - 637.21	758.61 - 862.20	1445.49 - 1548.71	2821.56 - 2932.10
\$16,000.00	360.35 - 479.00	430.24 - 544.60	547.47 - 657.76	783.08 - 890.01	1492.12 - 1598.67	2912.58 - 3026.69
\$16,500.00	371.61 - 493.96	443.68 - 561.62	564.58 - 678.32	807.55 - 917.82	1538.75 - 1648.63	3003.59 - 3121.27
\$17,000.00	382.88 - 508.93	457.13 - 578.64	581.69 - 698.87	832.02 - 945.64	1585.38 - 1698.59	3094.61 - 3215.85

