

Credit Card Application Form

All fields are mandatory unless noted. Please print in black or blue ink in CAPITAL LETTERS. Mail or Fax the completed form to (905) 362-7704

Your Information

Title Mr. Mrs. Ms. Miss Dr. Other

Language Preference English French

First Name Middle Initial The Shopping Channel Account Number (Optional)

Last Name Social Insurance Number (Optional)

Date of Birth (mmddyyyy) Home Telephone Number Cell Telephone Number (Optional)

Email Address (Optional)

Your Home Address

Street Number Street Name Apartment Number

City Province Postal Code

Your Previous Home Address (if at current address for less than 2 years)

Street Number Street Name Apartment Number

City Province Postal Code

Your Employment

Check the box which applies to you:

Employed Self-Employed Homemaker Retired Disability Student Other

Your Occupation/Job Title Work Telephone Number

Employer Name Since? (yymm) Gross Annual Income (\$) .00

Security Questions

To help us identify you when calling us, please select and provide the answers to **two different questions** below:

Select Question 1 (Choose one only):

Mother's Maiden Name Father's Middle Name Birth City Security Word

Answer for Question 1:

Select Question 2 (different than Question 1):

Mother's Maiden Name Father's Middle Name Birth City Security Word

Answer for Question 2:

YOU MUST READ AND SIGN THIS APPLICATION

By signing below: I hereby apply for The Shopping Channel® Credit Card ("the Card"). Credit will be extended upon approval of my application. I certify that the information in this application is complete and accurate. I acknowledge receipt of a copy of The Shopping Channel Cardholder Agreement and agree to be bound by the terms and conditions specified therein. I acknowledge that I can obtain more information about the Card and the cost of borrowing by calling 1-866-341-7141 during regular business hours. The current rate of interest and other periodic fees and charges are described in the Disclosure Statement in The Shopping Channel Cardholder Agreement included with this application form.

You may tell me about offers that may be of interest to me. You may also share my personal information with members of the Rogers family of companies and with other companies in order to market The Shopping Channel branded products or services to me. If I do not wish you to share my personal information in this way, or would like to avoid such communications, I can always let you know by calling your toll free number.

If I request an additional Card, I represent that I have all necessary authority and/or have obtained all necessary consent from the individual for the additional Card to provide you with the information for this purpose. I request that an account be opened for use by me and my additional cardholders (if any) and I confirm that the account will not be used on behalf of any third party.

Personal Information about me may be used and disclosed in accordance with The Shopping Channel Cardholder Agreement. I agree that you may obtain a credit bureau report concerning me from time to time after I submit this application. I also agree that you may share my credit history with credit bureaus. I understand that credit bureau records use a social insurance number as a unique identifier. I understand that provision of my social insurance number to you is optional; however, I acknowledge that refusal to provide it may affect approval of my application and/or the credit limit I receive. I also agree that you may obtain, use and share personal information about me as necessary to administer my Card account. In addition to the description of the policies and practices in the Privacy Policy, for you to consider my application and, if approved, administer my card account, I understand that the source of my application may be collected and used by The Shopping Channel Credit Card Department.

Your Signature

Date (mmddyyyy)

Office Use Only 0012005001 101

The Shopping Channel Credit Card Application Information Disclosure Box

The following is a summary of certain terms of the Cardholder Agreement that will apply to your credit card account if you apply and are approved. Refer to the Cardholder Agreement for more details. This information is current as of May 2011 and is subject to change. Please call 1-866-341-7141 during regular business hours for current information.

Annual Interest Rate	These interest rates are in effect the day your account is opened. Purchases: 19.25%
Interest-free Grace Period	You will have an interest-free grace period for a minimum of 21 days for new purchases if you pay off your entire statement balance in full by the due date, otherwise interest is charged from the date the transaction was posted to your account.
Minimum Payment	Any past due or overlimit amounts, plus: your statement balance if under \$10, or the greater of \$10 or 5% of your total statement balance.
Annual Fee	There is no annual fee.
Other Fees	To be charged on the day the transaction occurs: Dishonoured Cheque Fee: \$25 per occurrence Late Payment Fee: Where the minimum payment is not received by the due date as shown on your statement: \$25 Unauthorized User Charge: You may have to pay up to \$50 for any amounts charged on your account before you notify us of any actual or suspected loss, theft or unauthorized use of your card.

Special promotions may be offered from time-to-time as specified prior to or at the time of purchase.