



Referral Membership Form



FOR OFFICE USE ONLY

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Contact Information

I prefer correspondence in: English French

Last Name: _____ First Name: _____

Company Name: _____

Head Office Address:

City: _____ Province: _____ Postal Code: _____

Branch Address (if applicable):

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Cellular: _____ Secondary Phone: _____

Email: _____

Company Website: www. _____

Personal Website: www. _____

Occupation Type:

Mortgage Broker/Agent Trustee in Bankruptcy Travel Agent

Financial Advisor Credit/Debt Counsellor University

Web Site Marketing Auto Finance Immigration Service

Other _____

How long have you been in business: _____

How did you hear about the Agent Referral Program?: _____

Would you like to advertise the PTC Secured Card on your Website?: Yes No

What is your estimated volume of applications per month: _____

How will referrals be generated?

Website* Direct Contact Newspaper Ads* Other

Monthly Commission Payment Information:

Payable to: _____

Mail to: Company Head Office as above

Company Branch Office as above

Other address as follows: _____

Disclaimer

I, the undersigned, certify that the information I provide on this form is true and correct; and by signing below I have read and accept the terms and conditions outlined in the Peoples Trust Referral Service Agreement. I confirm that I am of legal age in the Province of my residence on the effective date of this agreement. I agree that Peoples Trust may send me information updates by email or other means from time to time. *I understand that print and website advertising must be approved by Peoples Trust. I will comply with this requirement.

Signature: _____ Date: _____

For immediate processing, fax to 604-694-6209

For office use only - Application approval:	
Authorized Signature: _____	Date: _____