

Authorized Signature: __



REFERRAL AGENT MEMBERSHIP FORM

INFORMATION				
I prefer correspondance in: □ Engl	lish ☐ French			
Last Name			First Name	
Company Name				
OFFICE MAILING ADDRESS				
Street				
City		Province		Postal Code
CONTACT INFORMATION				
Phone			Cell Phone	
Email			Fax	
Company Website: www.				
OCCUPATION TYPE				
☐ Mortgage Broker/Agent	☐ Financial Adv	isor \Box	Trustee in Bankruptcy	☐ Credit/Debt Counsellor
Website Marketing ☐ Auto Finance ☐		Immigration Service		
☐ Other: Ho		ow long have you been in business:		
How did you hear about the Agent Referral Program?				
What is your estimated volume of applications per month:				
How will referrals be generated (advertised): ☐ Website* ☐ Direct Contact ☐ Newspaper Ads* ☐ Email**				
□ Other:				
* Print and website advertising must be approved by Peoples Trust.				
** PTC PROHIBITS THE USE OF OUR PRODUCTS AND SERVICES IN ANY MANNER ASSOCIATED WITH THE TRANSMISSION,				
DISTRIBUTION AND DELIVERY OF UNSOLICITED COMMERCIAL ELECTRONIC MESSAGES (CEMS). For more information, please refer to the Peoples Trust Company Anti-Spam Policy and Procedures. To obtain a copy of the Peoples Trust Company CASL policy,				
please contact us at 1-877-694-6200.				
MONTHLY COMMISSION PAYMENT INFORMATION				
Payable to:				
Mail to: ☐ Office Mailing Address as above ☐ Other:				
☐ Other:				
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 and will comply with the marketing and advertising requirements.				
Signature: Date:				
For immediate processing, fax to 640-694-6209 or email to SecuredCard@peoplestrust.com FOR OFFICE USE ONLY – MEMBERSHIP FORM APPROVAL				
FOR OFFICE USE ONLY - MEMBERS	HIP FORM APPRO	VAL		5 Digit Code

Date: _