



# APPLICATION

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**Phone:** 416-482-2033 • **Confidential Fax:** 416-482-2988  
**E-mail:** info@slimband.com • www.slimband.com

Applicant's Information									
Optional: Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		First Name:			Last Name:				
Home Phone:		Business Phone:		Fax:		Contact before faxing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell#:	
Present Address:				Apt:	City:		Province:	Postal Code:	
How long at this address? yrs.	Rent: <input type="checkbox"/> Own: <input type="checkbox"/>	Monthly Rent or Mortgage: \$	S.I.N. Number:		Driver's License Number + Prov.:		Date of Birth:  M / D / YR		
Present Employer (Company Name):		Occupation:		Contact Name:		Contact Phone		Length of Employment:	
Employment Status: Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Retired: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Student: <input type="checkbox"/>									
Gross Annual Income: \$ yr.		Net Annual Income: \$ yr.		Other Income:		Specify Amount: \$			
Credit Card:				Account Number:				Expiry:	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:								Email:	
Cosigner Information (If applicable)					Relation to Applicant:				
Optional: Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		First Name:			Last Name:				
Home Phone:		Business Phone:		Fax:		Contact before faxing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell#:	
Present Address:				Apt:	City:		Province:	Postal Code:	
How long at this address? yrs.	Rent: <input type="checkbox"/> Own: <input type="checkbox"/>	Monthly Rent or Mortgage: \$	S.I.N. Number:		Driver's License Number + Prov.:		Date of Birth:  M / D / YR		
Present Employer (Company Name):		Occupation:		Contact Name:		Contact Phone		Length of Employment:	
Employment Status: Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Retired: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Student: <input type="checkbox"/>									
Gross Annual Income: \$ yr.		Net Annual Income: \$ yr.		Other Income:		Specify Amount: \$			
Credit Card:				Account Number:				Expiry:	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:								Email:	

**Terms and Conditions:** I understand that the information I provide is for the purpose of obtaining credit from Slimband™ and is warranted to be true and complete. I hereby authorize and consent to the receipt and exchange of information about me by Slimband™ and its affiliates from time to time as Slimband™ may deem appropriate, including the making by Slimband™ and its affiliates of whatever credit investigations and/or employment and income references Slimband™ may deem appropriate from time to time, and to sharing or exchange of reports and information with credit reporting agencies, or any company with whom I have or may propose to have a financial relationship.

Signature of Applicant

Date

Co-Signer's Signature

Date

(Only if applicable)

**Start losing the weight now.**  
**Apply today by faxing this form to 416.482.2988!**