



The Right Card For Your Small Business



Application Form

The Alberta BusinessCard® helps you increase your purchasing power, consolidate your business expenses, simplify your record-keeping and increase your repayment flexibility. With an individualized interest rate and a 21-day grace period, you have greater versatility and control over your business finances. Plus, you have instant access to your credit by using your card or MasterCard® cheques and you also get valuable travel and insurance benefits, ideal for any small business.

- Instant access to credit up to \$100,000*
- Low personalized interest rate**
- Low minimum payment - 3% of balance
- Detailed monthly statement
- 21 day grace period
- Cash advances up to \$1,000
- Business cheques (optional)
- Life Protection Insurance (optional)***
- Up to 20% discount on car rentals at **AVIS**.

- MasterCard Benefits:
 - MasterPurchase™ Protection, MasterAssist™ Services, MasterTrip™ Protection, MasterRental™ Protection, Master RoadAssist™, MasterCard Global Service™, MasterCard SecureCode™
- Low annual fee
 - For limits of \$50,000 or less: \$65
 - For limits \$50,001 - \$100,000: \$150
 - Supplementary cards: \$35 each

*On approval of credit. **Rate based on ATB prime rate and will vary according to the financial merit of the applicant. *** Life Protection Insurance Plan is underwritten by Sun Life Assurance Company of Canada (Sun Life)

ATB Financial®

1-888-ATB-5678 atb.com

® ATB Financial is a trade name/registered trademark of Alberta Treasury Branches.



Alberta BusinessCard MasterCard Application

Branch/Application For Credit # _____

Branch Name _____ PMI # _____ Branch Officer Responsible _____ Transit # _____

TELL US ABOUT YOUR BUSINESS (THE "BUSINESS")

Business name under which tax returns are filed

Address

Proprietorship Corporation
 Partnership Other(Specify)

City

Province

Postal Code

Phone

Fax

Nature of business

In business since

No. of employees

Annual sales last fiscal year

Main Financial Institution

Address

Does your business currently have a borrowing facility? Yes No From main F/I? Yes No

If not from Main Financial Institution, indicate bank name and address

Facility type

Amount/Limit

Balance

Monthly payments

Facility type

Amount/Limit

Balance

Monthly payments

Is your business an endorser, guarantor or co-signor for any third party obligations?

Yes No
If yes, amount and details

Does your business have any potential liability under any outstanding lawsuit?

Yes No
If yes, amount and details

Is your business a party to any legal claim?

Yes No
If yes, amount and details

Does your business currently owe any back taxes (income, GST/PST, Property, source deductions or business taxes)?

Yes No
If yes, amount and details

Has your business ever been in receivership or declared bankruptcy?

Yes No

BUSINESS FINANCIAL INFORMATION

	Last fiscal year	Previous fiscal year		Last fiscal year	Previous fiscal year
Total revenue	\$ <input type="text"/>	\$ <input type="text"/>	Total current assets	\$ <input type="text"/>	\$ <input type="text"/>
Net profit / (Loss) after tax	\$ <input type="text"/>	\$ <input type="text"/>	Total current liabilities	\$ <input type="text"/>	\$ <input type="text"/>
Amortization/depletion	\$ <input type="text"/>	\$ <input type="text"/>	Total assets	\$ <input type="text"/>	\$ <input type="text"/>
Interest expense	\$ <input type="text"/>	\$ <input type="text"/>	Total liabilities	\$ <input type="text"/>	\$ <input type="text"/>
Dividends/drawings	\$ <input type="text"/>	\$ <input type="text"/>	Shareholder's loans	\$ <input type="text"/>	\$ <input type="text"/>
Business yr. end (eg. May)	<input type="text"/>		Business net worth	\$ <input type="text"/>	\$ <input type="text"/>

TELL US ABOUT YOUR PERSONAL EMPLOYMENT/SOURCES OF INCOME (THE "OWNER")

First name Initial Last name Date of birth S.I.N. (optional) No. of dependents excluding spouse

Present address Apt. number Home phone

City Province Postal Code Time at this address Years Months Monthly rent/mortgage

Owned this Business % of ownership Gross monthly income Other current occupation Gross monthly income How long?

Other current employer's name Other current employer's address Previous occupation & employer's name (if at other current job less than 2 yrs.)



Application For ATB Financial Alberta BusinessCard MasterCard Life Protection Insurance (Optional)

This plan is underwritten by Sun Life Assurance Company of Canada (Sun Life) under contract no. 51014 issued to Alberta Treasury Branches (ATB).

Eligibility To apply for insurance, you must be at least age 18 and under age 75, and have been accepted by ATB for a credit card.

Coverage Life and Accidental Dismemberment and Permanent Loss of Use Insurance is available up to your credit limit to a maximum of \$100,000.

If you die, we will pay ATB, upon approval of a claim, the amount of your insurance. Any amount not required to settle the credit obligations will be paid to your beneficiary. If no named beneficiary exists at the time of your death, the balance of the amount will be paid to your estate.

If you accidentally suffer a loss which results in accidental dismemberment or permanent loss of use of a limb, we will pay ATB, upon approval of a claim, the amount of your insurance as described on your certificate. Any amount not required to settle the credit obligations will be paid to you.

Limitations Benefits described may be subject to limitations such as suicide, self-inflicted injuries, participation in a criminal offense as described on your Certificate of Insurance.

Cost The amount of insurance is the insured part of the credit limit up to a maximum amount of \$100,000.

The monthly premium for life and accidental dismemberment and permanent loss of use insurance is based on your age* at the date the premium is collected and the amount of insurance elected.

Table of monthly premium rates per \$1,000 of insurance

Age	Single	Additional Joint
under 30	\$0.06	\$0.02
30-34	\$0.10	\$0.04
35-39	\$0.13	\$0.05
40-44	\$0.18	\$0.07
45-49	\$0.29	\$0.12
50-54	\$0.40	\$0.16
55-59	\$0.48	\$0.19
60-64	\$0.89	\$0.36
65-69	\$1.20	\$0.48
70-74	\$2.40	\$0.96

*Premium rates are based on the age of the older card holder and are subject to change.

Coverage begins on the later of the date you sign the application for insurance, provided ATB receives your signed application, and the date ATB approves you for the credit card.

When coverage ends Unless you cancel this coverage, you are insured as long as your credit card remains in force, your premiums are paid and you are under age 75.

How to make a claim Claims forms are available at any ATB branch.

Notice The Creditor is Alberta Treasury Branches. Alberta Treasury Branches cannot give advice or assistance respecting the insurance provided herein or insurance coverage for your circumstances generally.

General Information Alberta Treasury Branches receives compensation from Sun Life for processing and administering your group contract. If you have any questions, you may contact Sun Life at P.O. Box 11010 Stn. CV, Montreal Que. H3C 4T9 or at 1-800-361-2128

New Coverage \$ _____ Increased Coverage \$ _____

Applicant 1 _____
last name first name

Date of birth ____/____/____
dd mm yyyy

Applicant 2 _____
last name first name

Date of birth ____/____/____
dd mm yyyy

Health question In the past 5 years, have you received treatment for or been diagnosed as having: A.I.D.S.(Acquired Immune-Deficiency Syndrome), ARC (AIDS Related Complex), or HIV (Human Immune-Deficiency Virus), heart disease, liver disease, lung disease, kidney disease, stroke, cancer, degenerative neurological disorder or diabetes?

Applicant 1 yes no

Applicant 2 yes no

I understand that a “no” answer means I am automatically approved and will result in Sun Life requiring no further evidence of health from me. I understand that a “yes” answer will automatically result in Sun Life declining my application. I agree that, if this is a joint application and Sun Life declines one of us, the application will be treated as a single application for the card holder for whom insurance coverage is approved.

Revocable beneficiary designation (for any proceeds payable in excess of your credit card obligations to ATB) last name, first name, relationship

Applicant 1 _____

Applicant 2 _____

Let us make your payment arrangement for you For your convenience, insurance premiums will be collected automatically from your ATB Financial deposit account.

Transit: 0 _____ 9-219 Account No. _____

Your declaration I certify that my statements are true and complete. I authorize Sun Life, its agents and service providers to use and exchange information needed for administration and adjudicating under this plan with any person or organization who has relevant information about me in connection with this application including health professionals, institutions, insurers and reinsurers. ATB can use this information in this form for the purpose of administering my coverage under this plan, if any. A photocopy or electronic version of this authorization is as valid as the original.

Applicant 1 _____ Date _____

Applicant 2 _____ Date _____

Waiver of Insurance for eligible card holders I hereby certify that I have been given the opportunity to participate in this plan offered with the credit card and, after careful consideration, have decided that I do NOT want to take advantage of this opportunity at this time.

Applicant 1 _____ Date _____

Applicant 2 _____ Date _____