

CREDIT APPLICATION

APPLICANT'S INFORMATION

INSIDE SALES: _____

Patient Name:				
First Name & Initial(s):			Last Name:	
Home Phone #	Day time Phone#	Fax #	Email:	
Present Address:				
Street:		City:	Prov:	Postal Code:
How long at this address:		Own:	Rent:	Monthly rent \$
Mortgage Lender:		Amount of monthly Mortgage: \$		
Social Insurance# (<i>Optional in Quebec</i>)		Yearly Income \$	Date of Birth: d/m/y	
Occupation:	Present Employer:	Contact Name:	Employer's Phone#:	Length of Employment:
Full Time:	Part Time:	Retired:	Student:	Self-employed:
If Self Employed state source of Income:			Accountant name & Phone #:	
Name of Bank:		Branch Address:	Telephone #:	
Bank Account Number: (<i>Indicate whether Saving or Chequing</i>)				
TERMS AND CONDITIONS:				

I understand that the above information (the "Collected Information") is being collected for the purpose of obtaining credit from Medtronic of Canada Ltd. (Minimed division) and is warranted to be true and complete. I hereby authorize and consent to the collection of the Collected Information and to the making by Medtronic of Canada Ltd, its successors and assigns of whatever credit investigations and/or employment and income confirmations Medtronic of Canada Ltd. or its successors and assigns may deem appropriate from time to time, and to the disclosure, sharing or exchange of the Collected Information and any report or information based thereon for these purposes with credit reporting agencies, and amongst Medtronic of Canada Ltd, its successors and assigns or any company with whom I have or propose to have a financial relationship. This consent is given to meet the requirements of applicable credit reporting legislation and to fully comply with all laws and regulations in Canada regarding the collection, use and disclosure of personal information.

X _____ **Date:** _____
Signature of Applicant

\$ _____
Amount of Financing Required

FAX TO: 1-800-409-5947 TO THE ATTENTION OF LOUISE THURSTON, CREDIT MANAGER