

Scotiabank / AAdvantage® Visa® Credit Card Quick Application

Are you an AAdvantage Program member? Yes No
If yes, fill in your AAdvantage #

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TELL US ABOUT YOURSELF			
Name		Date of Birth <small>DD/MM/YY</small>	
Address			
Time at current Residence <small>Years/Months</small>		If less than 2 years, time at previous Residence <small>Years/Months</small>	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		Home Phone #	Cell Phone #
Passport/National ID #		Mother's Maiden Name	
Employer		Occupation	Work Phone #
Time with Company <small>Years/Months</small> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Monthly Income \$	
If less than 2 years, time with previous Company <small>Years/Months</small>		Other Monthly Income \$	
WOULD YOU LIKE AN ADDITIONAL CARD FOR YOUR SPOUSE? If yes, complete this section			
Name		Home Phone #	Cell Phone #
Date of Birth <small>DD/MM/YY</small>		Mother's Maiden Name	
Passport/National ID #		Occupation	
Employer		Work Phone #	
Time with Company <small>Years/Months</small> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Monthly Income \$	
YOUR FINANCIAL INFORMATION			
Are you a Homeowner? <input type="checkbox"/> Renter? <input type="checkbox"/> Other? <input type="checkbox"/>			
If you are a Homeowner, what is the property value? \$		Existing Debt / Mortgage on the property \$	
Lender		Monthly Pymt \$	
Do you have any loans with Scotiabank? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$	Monthly Pymt \$
Other Lender? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify: Lender		Amount \$	Monthly Pymt \$
Other Credit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify: Lender		Balance \$	Monthly Pymt \$
Other assets: Car <input type="checkbox"/> Value \$ Lender (if any)		Monthly Pymt \$	
Savings Account / Deposit Account <input type="checkbox"/> Value \$		Investments/Stocks <input type="checkbox"/> Value \$	
Are you a Scotiabank customer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Account #			ScotiaCard #
Would you like to insure your Scotiabank / AAdvantage® Visa account balance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will the coverage be <input type="checkbox"/> Single Coverage <input type="checkbox"/> Joint Coverage			
<p>You understand that to be eligible for coverage, you must be 18 years of age and under 70 to enroll; and that your coverage will be bound by the Terms and Conditions stated in your Certificate of Insurance. Furthermore you authorise the Bank to provide the insurer with your Scotiabank / AAdvantage Visa account number, monthly statement balance and any other necessary information; and you authorise the insurer to charge monthly premiums to your Scotiabank / AAdvantage Visa account.</p> <p>I (We) hereby certify the above information to be true and complete. If this application is accepted by The Bank of Nova Scotia (the "Bank") I (We) request the Scotiabank / AAdvantage Visa credit cards and Convenience Cheques be issued to me (us) as designated above. I (We) hereby authorise and consent to the Bank obtaining further information about me (us) and checking the information I (We) have given here and exchanging information about me (us) with other parties. I (We) agree to read and be bound by the Scotiabank / AAdvantage Visa Cardholder Agreement. I (We) authorise the Bank to debit my (our) credit card account with the amount of the annual fees in effect from time to time for the card.</p>			
_____ Applicant's Signature		_____ Date	
_____ Co-Applicant's Signature		_____ Date	
FOR BANK USE ONLY: Total Monthly Pymt \$		Net Worth \$	TDSR %



Life. Money. Balance both.*

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