

PERSONAL LOAN AGREEMENT



PROVIDER
CAPITAL GROUP INC.

Provider Capital Group Inc.
900 Dillingham Road, Pickering ON. L1W 1Z6

Tel: 905-839-1761
Fax: 905-839-7002

www.providercapitalgroup.com

Applicant's Last Name		First Name & Initials		Social Insurance Number (optional)		Birth Date (mm dd yy)	
Current Address		City	Province	Postal Code	Rent/Own	How Long	Monthly Payment
Mortgage Lendor or Landlord's Name		Landlord's Phone		Home Value		Mortgage Balance	
Maturity Date		Previous Address (if less than 3 years)		City	Province	Postal Code	Rent/Own
How Long		Marital Status - Married/Common Law/Single/Separated/Divorced/Widow(er)		# of dependents	Home Phone	Cell Phone	Driver's License
Email Address		Friend/Relative Name				Friend/Relative Phone Number	
Current Employer		How Long		Position		Gross Monthly Income	
Employer Address		City		Province	Postal Code		Employer Phone & ext
Previous Employer (if less than 3 years)		How Long		Position		Gross Monthly Income	
Co-Applicant's Last Name		First Name & Initials		Social Insurance Number (optional)		Birth Date (mm dd yy)	
Home Phone		Cell Phone		Current Address		City	Province
Postal Code		Rent/Own	How Long	Monthly Payment		Driver's License	
Current Employer		How Long		Position		Gross Monthly Income	
Employer Address		City		Province	Postal Code		Employer Phone & ext
Other Income		Amount \$					

Assets	Amount	Liabilities	Amount Owed	Payment
Home	\$ _____		\$ _____	\$ _____
Car	\$ _____		\$ _____	\$ _____

Disclosure of Credit Costs

Loan Amount	\$ _____	Annual Percentage Rate	_____ %
Administration Fee	\$ _____	Annual Interest Rate	_____ %
Amount Financed	\$ _____	Term (in months)	_____
Total Cost of Borrowing	\$ _____	Date of Advance	_____
Total Amount Payable	\$ _____		

You promise to pay Us the Total Amount Payable in _____ equal _____ (monthly / bi-weekly / semi-monthly or weekly) payments of \$ _____ each except for Your last payment which shall be any remaining balance due as of the _____ day of _____, 20____ (the "Maturity Date"), and Your first payment is due on the _____ day of _____, 20____ (the "Payment Schedule").

In this application and Personal Loan agreement (together with the Terms and Conditions on the reverse side and any schedule attached hereto, this "Agreement"), the words YOU and YOUR mean the undersigned applicant(s) and the words WE, US, and OUR, mean Provider Capital Group Inc. or any of its Assign(s).

By signing below, You agree that You have read, understand and agree to the terms and conditions of this Agreement and acknowledge receipt of a completed copy of this Agreement. You agree that there are no other verbal or written agreements which modify the terms of this Agreement in any manner. You agree to notify Us promptly of any change in Your name, address or employment. You understand that in connection with Your application for credit, We may be procuring and may be referring to credit reports respecting You containing personal information, credit information and/or employment information. You understand that employment will be verbally confirmed by Us. You consent thereto, and to the disclosure of such information to other credit grantors or reporting agencies throughout the term of this Agreement. You give permission to Us to record any information, personal or otherwise, that You have provided and that We may already have recorded on file and that such information may be used and distributed to third parties as required for the purposes of carrying out this Agreement. You understand that We provide financial services, either directly or indirectly, other than the service You are requesting herein, and hereby provide Your consent to be contacted for the purposes of solicitation for other products and services offered by Us and/or our affiliates. You understand that You can withdraw this consent in writing at any time addressed to the Loans Manager at the address above. Please refer to Our Privacy Policy at www.providercapitalgroup.com.

Signed at _____, _____, on _____, 20____.

(Use blue ink only) (Number and Street) (City) (Prov) (Month/ Day) (year)

Provider Capital Group Inc.

Applicant's Signature

By: _____
Signature

Co-Applicant's Signature

TERMS AND CONDITIONS

1. Promise to Pay: You agree to pay Us the Total Amount Payable in accordance with the Payment Schedule. You acknowledge receipt of a copy of this Agreement.

2. Annual Interest Rate: The Amount Financed shall bear interest at a rate equal to the Annual Interest Rate from the date of this Agreement. Such interest shall be pre-computed and added to the Amount Financed to determine, after the addition or subtraction of other amounts, if any, the Total Amount Payable. Interest is compounded monthly and calculated based on the actual number of days in that month and based upon a year of 365 or 366 days, as applicable, and using the practice of including the first day of the month but not the last day of the month in such calculation. The Annual Interest Rate shall also be the rate used to calculate pre-judgment and post-judgment interest if We sue to collect any balance owing. For the purposes of the Interest Act (Canada), to the extent applicable, whenever any interest payable by You is calculated on the basis of a period of time other than a year of 365 or 366 days, as applicable, the annual rate of interest to which each rate of interest utilized pursuant to such calculation is equivalent is such rate so utilized *multiplied by* the actual number of days in the calendar year in which the same is to be ascertained and *divided by* the number of days in such calculation.

3. Application of Payments: Each payment will be applied first to the accumulated cost of borrowing (if any), then to dishonoured payment charges and other fees of a similar nature and the remainder to principal until all amounts owing under this Agreement have been paid in full.

4. Credit Application: You hereby consent to Us conducting a personal investigation or credit check upon You, subject to applicable legislation. You certify that all statements in Your credit application are true and complete and were made for the purpose of obtaining credit.

5. Default: "Default" shall mean any of the following events: a) You fail to pay any amount when due, b) You fail to perform any term, covenant, agreement or condition in this Agreement, c) You become unable to, or admit of Your inability to, generally pay Your debts as they become due, or You make an assignment for the benefit of Your creditors, or You become subject to any insolvency, bankruptcy or similar proceeding, d) Any representation made by You in this Agreement shall prove to have been incorrect as of the date made. If a Default has occurred, You shall continue to pay interest on all monies due Us (including pre-judgment or post-judgment interest) at the Annual Interest Rate until all monies owing are paid in full. For greater certainty, interest at the Annual Interest Rate shall be applied to all monies due Us, whether paid or not, and whether due before or after the date of Default. Payment or acceptance of interest upon Default is not a permitted alternative to timely payment and shall not constitute a waiver of any Default or otherwise prejudice or limit any of Our rights or remedies. In no event shall the aggregate "interest" (as defined in Section 347 of the *Criminal Code* (Canada) ("Section 347")) payable to Us hereunder exceed the effective annual rate of interest lawfully permitted under Section 347. If any payment, collection or demand pursuant to this Agreement in respect of such "interest" is determined to be contrary to Section 347, such payment, collection, or demand shall be deemed to have been made by Your and Our mutual mistake and shall be deemed to have been adjusted with retroactive effect to the maximum amount or rate of interest, as the case may be, permitted by law.

6. Remedies: If a Default has occurred, We may, at our option and without notice to You, a) Require that all amounts owing under this Agreement be paid immediately, b) Commence legal proceedings to recover any balance due, or c) Terminate this Agreement. You agree to pay all reasonable costs, including legal costs, that We incur in connection with Our exercise of any of Our rights and remedies, including for greater certainty, collecting or attempting to collect any payment owed by You under this Agreement. No failure or delay on Our part to exercise any right or remedy hereunder shall operate as a waiver thereof or of any other right or remedy under this Agreement. All of our rights and remedies shall be cumulative and concurrent, and the exercise of any one right or remedy shall not be deemed a waiver or release of any other right or remedy.

7. Interest After Maturity: You agree to pay interest at the Annual Interest Rate on any amount due and unpaid after the Maturity Date. You agree to continue to pay interest at the Annual Interest Rate on any amount that has not been paid when due.

8. Dishonoured Payments: You agree to pay Us up to \$75.00 in respect of each payment of Yours that is dishonoured by Your bank. This amount will be added to the balance owing on Your account.

9. Assignment: You agree not to sell, assign or transfer this Agreement without Our prior written consent. You agree that We may sell, assign, or transfer this Agreement without notice to You. Any assignee under such sale, assignment or transfer shall have the same rights and benefits We now have and will not have any of Our obligations. You agree that such assignee will not be subject to any claims, defences, or set-offs that You may have against Us.

10. Applicable Law: This Agreement shall be governed by, and construed in accordance with, the laws of Ontario and all laws of Canada applicable therein. You submit to the exclusive jurisdiction of any Ontario courts sitting in Toronto in any action arising out of or relating to this Agreement and hereby waive, to the fullest extent permitted by law, the defence of an inconvenient forum to the maintenance of such action.

11. Prepayment: You may prepay in full the Total Amount Payable at any time. You may also pay any amount greater than the amount due on any regularly scheduled payment date. If You are entitled to prepay and prepay all You owe, You are entitled to a pro-rated refund or credit of the Administration Fee, calculated in accordance with applicable laws.

12. Personal Information Protection and Electronic Documents Act (PIPEDA): If You are an individual (including a sole proprietor or partner of a partnership), You agree that Provider Capital Group Inc. may create a file of personal information about You in order to allow Provider Capital Group Inc. to determine whether to extend credit. You further agree that if credit is extended, Provider Capital Group Inc. may obtain further personal information about You as long as You are indebted to Provider Capital Group Inc. You understand and agree that such file may contain officer, director, shareholder, investor, credit, employment and/or other personal information. Such information may be used for the initial and ongoing assessment of the file and for credit administration purposes. Only authorized employees of Provider Capital Group Inc. whose job functions involve the assessment of credit worthiness, monitoring, processing and payments, internal administration, debt enforcement and related matters will have access to the file. You agree that such personal information may be communicated by Provider Capital Group Inc. to third party agents to obtain and process the information as required. If You wish to see Your file or make corrections to it, You may do so by writing to the Loans Manager of Provider Capital Group Inc. located at 900 Dillingham Road, Pickering, ON L1W 1Z6.

13. Solicitation: We may contact You for purposes of solicitation for other products and/or services offered by Us. We may do a credit inquiry to pre-qualify You for any additional products or services offered by Us unless You have opted out.

14. General: You agree to promptly execute and deliver such further documents and do such further things as may be required to give effect to the intent of this Agreement. This Agreement shall be interpreted with all changes to number and gender as the context requires. If more than one of You have signed this Agreement, the obligations of each of You hereunder shall be joint and several. This Agreement shall enure to the benefit of, and be binding upon, the respective successors and permitted assigns of the parties. THIS AGREEMENT CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES.

Pre-Authorized ("PAD") Debit Plan Agreement for Personal PADS

In this PAD Plan Agreement dated _____, the words I, WE, MY/OUR and ME/US mean the undersigned Payor and the word "Provider" means Provider Capital Group Inc. and its successors and permitted assign(s). I/we authorize Provider, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments, whether equal or variable, and/or one-time sporadic payments from time to time, for payment of all charges arising under the Personal Loan Agreement with Provider dated _____ (the "Personal Loan Agreement"); and, if necessary, to initiate adjustments for any transactions debited in error. Regular monthly / bi-weekly / semi-monthly or weekly payments as specified by and in accordance with the Payment Schedule (as defined in the Personal Loan Agreement) will be debited to my/our specified account on the ____ day of each month. **I/WE hereby waive pre-notification under Subsection 15(b) of Canadian Payments Association Rule H1 and as a result Provider is not required to provide ME/US with pre-notification of the amount that that will be debited from my account or pre-notification of the date(s) of such debiting.** Provider will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Provider has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Plan Agreement at my/our financial institution or by visiting www.cdnipay.ca. **You agree that Provider may assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise.** I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Plan Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnipay.ca.

Name(s) of Payor(s): _____	Financial Institution (FI): _____
Address: _____ City/Town: _____	FI Account Number: _____ FI Transit Number: _____ <small>(branch -5 digits; FI - 3 digits)</small>
Province: _____ Postal Code: _____	Address: _____
Phone Number: (Bus.): _____	City/Town: _____ Province: _____ Postal Code: _____
(Res.): _____	Authorized Signature(s): _____

I, the applicant, have read the above terms and conditions and agree to them as outlined.

I, the applicant certify that the information provided in the application is true and correct to the best of my knowledge.

Submit completed application to Provider Capital Group now