

Fill in, sign and mail today to receive your card.

VISA DESJARDINS, 425, VIGER AVE. WEST, MONTREAL, H2Z 1W5



Application for a
VISA Desjardins Classic card
 Le Groupe marie claire

Reserved for VISA Desjardins

ORIG. : NMC FILE OBJECT: To supply financial services related to the various payment services. No annual fee

SECTION 1 APPLICANT'S IDENTIFICATION

MRS FIRST NAME _____
 MR LAST NAME _____

IF YOU ALREADY HAVE ANOTHER VISA DESJARDINS CARD, PLEASE ENTER ITS NUMBER.
 4 5 _____

WOULD YOU LIKE TO KEEP YOUR CURRENT CARD IF YOU ARE ELIGIBLE FOR THE SUPPLEMENTARY CREDIT? YES NO
 IF NOT, YOUR BALANCE WILL BE TRANSFERRED AND YOUR CURRENT ACCOUNT CLOSED AS SOON AS YOUR NEW CARD(S) IS (ARE) RECEIVED.

SECTION 2 OPTIONS

LOW INTEREST RATE¹
 Non refundable annual fee \$25

MEMORIA
 Confidential registration service for all credit, debit and calling cards for your entire family. Annual fee \$15

SECTION 3 PERSONAL INFORMATION

HOME ADDRESS NO. AND STREET _____ APT. NO. _____ CITY _____ PROV. _____ POSTAL CODE _____

DATE OF BIRTH _____ HOME PHONE _____ SOCIAL INSURANCE NUMBER _____ LANGUAGE FRENCH ENGLISH

M _____ D _____ Y _____ ()

YOUR MOTHER'S MAIDEN NAME (SECURITY CODE IN CASE OF THEFT OR LOSS) _____

OWN OTHER MONTHLY COST _____ HOW LONG _____
 RENT \$ _____ YEAR(S) _____ MO.(S) _____

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS) NO. AND STREET _____ APT. NO. _____ CITY _____ PROV. _____ POSTAL CODE _____

SECTION 4 FINANCIAL AND EMPLOYMENT INFORMATION

CURRENT EMPLOYER OR SOURCE OF INCOME NAME AND ADDRESS _____ PHONE NUMBER (BUSINESS) _____ OCCUPATION _____ HOW LONG _____ GROSS PERSONAL INCOME _____ GROSS HOUSEHOLD INCOME (OPTIONAL) _____
 () YEAR(S) _____ MO.(S) \$ _____ / MONTHLY _____ / MONTHLY

PREVIOUS EMPLOYER NAME _____ OCCUPATION _____ HOW LONG _____
 _____ YEAR(S) _____ MO.(S) _____

FINANCIAL INSTITUTION (NAME AND ADDRESS) _____ TRANSIT _____ ACCOUNT NO. _____ CHEQUING ACCOUNT
 CAISSE BANK _____ SAVINGS ACCOUNT

MORTGAGE CREDITOR _____ BALANCE \$ _____ VALUE \$ _____ OTHER ASSETS (INVESTMENTS, REAL ESTATE, ETC.) _____

OTHER CREDIT CARD(S) _____ CREDIT LIMIT \$ _____ BALANCE \$ _____ MONTHLY PAYMENT \$ _____
 _____ CREDIT LIMIT \$ _____ BALANCE \$ _____ MONTHLY PAYMENT \$ _____

SECTION 5 ADDITIONAL CARD FREE OF CHARGE

TO RECEIVE AN ADDITIONAL CARD FREE OF CHARGE ON YOUR VISA DESJARDINS ACCOUNT, PLEASE FILL OUT THE FOLLOWING INFORMATION ON THE CO-APPLICANT. SOCIAL INSURANCE NO. _____

MRS FIRST NAME _____ LAST NAME _____
 MR _____

DATE OF BIRTH M _____ D _____ Y _____ EMPLOYER _____ GROSS MONTHLY INCOME \$ _____

SECTION 6 DECLARATION

Each of the undersigned certifies that the above information is true and accurate and requests that a VISA* card be issued and thereafter renewed or replaced at the discretion of La Confédération des caisses populaires et d'économie Desjardins du Québec (La Confédération). If a VISA card is issued, each of the undersigned undertakes to use that card in accordance with the terms and conditions of the contract established by La Confédération and delivered with the card. Each of the undersigned shall be solidarily responsible for any debt contracted relative to the use of the cards issued as a result of this application. Any debt shall be indivisible and may be collected in its entirety from the heirs, legatees and assigns of each of the undersigned.

Each of the undersigned agrees that La Confédération may obtain, from any personal information agent, financial institution, employer or credit card issuer (hereinafter called "third parties"), only such information as is necessary to establish his or her solvency, and only in the context of his or her business relationship with La Confédération. Each of the undersigned authorizes these third parties to communicate such information to La Confédération, even if the subject information comes from an inactive account. Each of the undersigned agrees that La Confédération may disclose to any personal information agent, financial institution and credit card issuer the financial obligations towards la Confédération arising from the use of the VISA Desjardins credit card.

SIGNATURE(S)

 APPLICANT'S SIGNATURE CO-APPLICANT'S SIGNATURE DATE

* Visa Int./La Confédération des caisses populaires et d'économie Desjardins du Québec, authorized user.
 1. Subject to approval by the credit department. (05/00)