

**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  
Sonic - CO-OP**

Reserved for VISA Desjardins

ORIG. : NSO 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**

MEMORIA Service d'enregistrement confidentiel pour les cartes de crédit, de débit et d'appel de toute votre famille. Frais annuels de 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 MONTHLY COST \$ \_\_\_\_\_ HOW LONG \_\_\_\_\_ YEAR(S) \_\_\_\_\_ MO.(S)  
 RENT

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

**SECTION 4 FINANCIAL AND EMPLOYMENT INFORMATION**

NAME AND ADDRESS \_\_\_\_\_  FULL-TIME  PART-TIME  OTHER

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

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

FINANCIAL INSTITUTION (NAME AND ADDRESS) \_\_\_\_\_ TRANSIT \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  CHEQUING ACCOUNT  SAVINGS ACCOUNT

CAISSE  BANK

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 \_\_\_\_\_

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