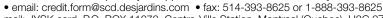


JYSK BENEFITS PLUS CREDIT CARD APPLICATION

Please completed your application form and return it to us by:





FOR DESJARDINS CARD SERVICES USE ONLY

Monthly payment \$

• mail: JYSK card, P.O. BOX 11070, Centre-Ville Station, Montreal (Quebec), H3C 9Z9

Please call 1-800-363-3380 for detailed information about the annual credit rate, the nature of credit charges, the grace period and other such features. Annual interest rate: 19.9%1 Grace period: 21 days

FILE PURPOSE: to provide financial services related to the various credit and payment services

PERSONAL INFORMATION 1. First name Last name MS. Street and no HOME ADDRESS Postal code City Prov. Home telephone no. Cell telephone no Social insurance no. (optional) Υ D IVI M Mother's maiden name (security code in case of theft or loss) ☐ Tenant ☐ English ☐ French Owner Live with parents Othe Statement of account Monthly cost How long E-mail address (Required if you selected statement of account online statements) year(s) month(s) Online Paper Type of ID³ Expiration date ID no. Prov./country of issuance IDENTITY DOCUMENT D IVI FINANCIAL AND EMPLOYMENT INFORMATION 2. City Prov. Postal code CURRENT EMPLOYER OR SOURCE OF Telephone no. at work Detailed job description INCOME ☐ Full-time ☐ Part-time ☐ Other How long Monthly income Gross household income Other monthly income ☐ Gross ☐ Net vear(s) month(s) Financial institution

Credit union/Caisse branch

Bank Account no.

Chequing account
Savings account Transit Balance Mortgage creditor \$ Property value Other assets (investments, real estate, etc.)

To receive an additional card on your JYSK Benefits Plus account, please fill out the following information of the co-applicant

| | To receive an additional out on your or or benefits in addedunt, please the following information of the objugate. | | | | | | | | | | | | |
|---|--|-----|------------|-------------|--|--------------------------|--|----------------------|-----|------|-----|----|--|
| 3. ADDITIONAL CARD FREE OF CHARGE | | | | | | | | | | | | | |
| ☐ MS. ☐ MR. | First name | | | | | Last name | | | | | | | |
| Social insurance no. (optional) Date of birth | | | E-mail add | | | S | | | | | | | |
| | _ | YYY | Y M | M D D | | | | | | | | | |
| CURRENT EMPLOYER OR SOURCE OF INCOME | Name | | | | | Street and no. | | | | | | | |
| | City | | | | Prov. Postal | | | ode | | | | | |
| | Telephone no. at work ☐ Full-time ☐ Part-time ☐ | | | | Other | Detailed job description | | | | | | | |
| | How long Monthly income year(s) month(s) | | | Gross 🗖 Net | Gross household income | | | Other monthly income | | | | | |
| | \$ Grou | | | Bross UNet | · Programme Prog | | | | | | | | |
| IDENTITY DOCUMENT | Type of ID ³ ID no. | | | | Prov./country of issuance Expiration date | | | | | | | | |
| | | | | | | | | D D | M I | VI Y | Y 1 | YY | |

DECLARATION

Card Application: Each of the undersigned certifies that the above-mentioned information is true and accurate. Each of the undersigned is applying for the issuance of a JYSK Benefits Plus card and its renewal or replacement at the discretion of the Fédération description. Labilities: If a JYSK Benefits Plus card is issued, each of the undersigned undertakes to use it in compliance with the terms set out in the Fédération agreement accompanying the card. Each of the undersigned shall be solidarily (jointly and severally) liable for all debts contracted following the use of cards issued after this application. Each debt is indivisible and can be claimed in whole from the heirs, legatees and successors of each undersigned. Information about interest rates, grace periods and fees relating to the card can be obtained by calling the Fédération and solidarily of the card can be obtained by calling the Fédération and solidarily of the statement of account. Authorization for the collection and disclosure of information: Each of the undersigned consents to the Fédération gathering and updating any information necessary to the purpose of this agreement from any personal information, employer and credit card issuer (the "third parties") in order to determine their solvency and re-analyse their obligations towards the Fédération spart of their business relationship with it. Each of the undersigned authorizes third parties to disclose such information to the Fédération even if the undersigned authorizes third parties to disclose such information to the Fédération even if the undersigned is less of the undersigned authorizes their parties to disclose such information to the Fédération even if the undersigned issuer any information on financial commitments towards the Fédération resulting from the use of the JYSK Benefit splus card. Each of the undersigned agrees that the Fédération may disclose the above-mentioned information, as well as any information related to his use of the card to JYSK Linen'N Furniture Inc., its mercha

DATE

APPLICANT'S SIGNATURE

Other credit card(s)

Subject to Fédération des caisses Desjardins du Québec approval.

Interest rate subject to change without prior notice.

A'our email address will be used to let you know when your account statement is available in AccèsD. By confirming your email address, you are agreeing to receive your statements online, as well as a registration confirmation email that contains instructions for viewing your statements through AccèsD. You understand and accept that your statements will not be sent to you by mail.

Valid IDs. Diver's licence/Heatth insurance card (except for Ontario, Manitoba and PEI) Premanent residence/Certificate of Indian Status/Landing card/Canadian passport.

CO-APPLICANT'S SIGNATURE

Credit limit