

FILE OBJECT: supply financial services related to various credit and payment services.

SECTION 1		PERSONAL INFORMATION			
<input type="checkbox"/> MRS. <input type="checkbox"/> MR.	FIRST NAME	LAST NAME		CORRESPONDENCE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	
HOME ADDRESS	STREET AND NO.	APT. NO.	CITY	PROV.	POSTAL CODE
PREVIOUS ADDRESS IF LESS THAN 2 YEARS	STREET AND NO.	APT. NO.	CITY	PROV.	POSTAL CODE
DATE OF BIRTH	HOME TELEPHONE NO.	CELL TELEPHONE NO.	SOCIAL INSURANCE NO. (OPTIONAL)		
STATEMENT OF ACCOUNT <input type="checkbox"/> ONLINE <input type="checkbox"/> PAPER		E-MAIL ADDRESS (REQUIRED IF YOU SELECTED ONLINE STATEMENTS)	MOTHER'S MAIDEN NAME (SECURITY CODE IN CASE OF LOSS OR THEFT)		
IDENTITY DOCUMENT	TYPE OF IDENTITY DOCUMENT	NUMBER OF IDENTITY DOCUMENT	PROV./COUNTRY OF ISSUANCE	EXPIRATION DATE	

SECTION 2		PROFESSIONAL INFORMATION			
NAME AND ADDRESS		STREET AND NO.	CITY	PROV.	POSTAL CODE
CURRENT EMPLOYER OR SOURCE OF INCOME	TELEPHONE NO. AT WORK	DETAILED JOB DESCRIPTION			
HOW LONG	MONTHLY INCOME <input type="checkbox"/> GROSS <input type="checkbox"/> NET	HOUSEHOLD MONTHLY INCOME	OTHER MONTHLY REVENUE		
YEAR(S) MONTH(S)	\$	\$	\$ SPECIFY:		

SECTION 3		FINANCIAL INFORMATION			
FINANCIAL INSTITUTION (NAME AND ADDRESS) <input type="checkbox"/> CREDIT UNION / CAISSE <input type="checkbox"/> BANK					
<input type="checkbox"/> OWNER	<input type="checkbox"/> DOMICILED WITH PARENTS	HOW LONG	MONTHLY PAYMENT	MORTGAGE CREDITOR	TOTAL VALUE
<input type="checkbox"/> TENANT	<input type="checkbox"/> OTHER, SPECIFY:	YEAR(S) MONTH(S)	\$		\$
OTHER ASSETS (INVESTMENTS, REAL ESTATE, ETC.)			TOTAL VALUE	CONTACT PERSON: NAME AND TELEPHONE NO.	
			\$		

SECTION 4		CO-APPLICANT / GUARANTOR			
<input type="checkbox"/> CO-APPLICANT: MUST RESIDE AT THE SAME ADDRESS AS THE PRIMARY APPLICANT AT THE TIME OF APPLICATION. A SUPPLEMENTARY NO-FEE DESJARDINS CREDIT CARD WILL BE ISSUED AUTOMATICALLY TO THE CO-APPLICANT NAMED BELOW. JOINT AND SOLIDARY LIABILITY WITH THE APPLICANT FOR ALL PAYMENTS INCURRED THROUGH THE USE OF THE CARDS ISSUED ON THE PRIMARY APPLICANT-CARDHOLDER'S ACCOUNT (SEE SECTION 6).					
<input type="checkbox"/> GUARANTOR: JOINT AND SOLIDARY LIABILITY WITH THE APPLICANT STRICTLY FOR ACCORD D DESJARDINS FINANCING AMOUNT GRANTED (SEE SECTION 5).					

PERSONAL INFORMATION					
<input type="checkbox"/> MRS. <input type="checkbox"/> MR.	FIRST NAME	LAST NAME			
HOME ADDRESS IF DIFFERENT	STREET AND NO.	APT. NO.	CITY	PROV.	POSTAL CODE
DATE OF BIRTH	HOME TELEPHONE NO.	CELL TELEPHONE NO.	SOCIAL INSURANCE NO. (OPTIONAL)		
IDENTITY DOCUMENT	TYPE OF IDENTITY DOCUMENT	NUMBER OF IDENTITY DOCUMENT	PROV./COUNTRY OF ISSUANCE	EXPIRATION DATE	

PROFESSIONAL INFORMATION					
NAME AND ADDRESS		STREET AND NO.	CITY	PROV.	POSTAL CODE
CURRENT EMPLOYER OR SOURCE OF INCOME	TELEPHONE NO. AT WORK	DETAILED JOB DESCRIPTION			
HOW LONG	MONTHLY INCOME <input type="checkbox"/> GROSS <input type="checkbox"/> NET	HOUSEHOLD MONTHLY INCOME	OTHER MONTHLY REVENUE		
YEAR(S) MONTH(S)	\$	\$	\$ SPECIFY:		
<input type="checkbox"/> OWNER	<input type="checkbox"/> DOMICILED WITH PARENTS	HOW LONG	MONTHLY PAYMENT	MORTGAGE CREDITOR	TOTAL VALUE
<input type="checkbox"/> TENANT	<input type="checkbox"/> OTHER, SPECIFY:	YEAR(S) MONTH(S)	\$		\$