

COMPANY IDENTIFICATION

Legal name (maximum of 26 characters)		Company name (maximum of 26 characters)		Name to appear on card (26 characters maximum) <input type="checkbox"/> Legal name <input type="checkbox"/> Company name	
Address (Head office)		Office	City		Province
Telephone number		Fax number	Type of business: <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit organization - NPO <input type="checkbox"/> Limited partnership <input type="checkbox"/> Sole proprietorship		Postal code
Business sector	Type of activity		Business registry number	Issuing province	

If there are more than one shareholder/member, please photocopy this form and return all copies by fax at the above-mentioned number.

FINANCIAL INSTITUTION

<input type="checkbox"/> Caisse / branch <input type="checkbox"/> Bank	Name of financial institution				
Full address					
Transit number	Folio/account number		Telephone number	Fax number	

E-MAIL ADDRESS

THIS INFORMATION WILL BE USED SOLELY TO PROCESS YOUR APPLICATION*

REQUIRED DOCUMENTS

Please enclose the following documents with this card application.

<input type="checkbox"/> Desjardins Business member - Financial statement ⁽¹⁾ - Excerpt of board resolution (corporation, NPO)	<input type="checkbox"/> Non-Desjardins Business member - Financial statement ⁽¹⁾ - Excerpt of board resolution (corporation, NPO) - Copy of company registration (if registered outside Quebec) - Incorporating documents
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⁽¹⁾ Please note that financial statements are mandatory for every application of 35000\$ or more, or originating from the agricultural sector and for all NPOs.

PERSONAL AND PROFESSIONAL INFORMATION

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name	If you have an AIR MILES® Collector number, please enter it here.			
	Family name				
Home address	No. and street	Apt no.	City	Province	Postal code
Date of birth	Home phone no.	Social insurance no.		Language preference <input type="checkbox"/> French <input type="checkbox"/> English	
Residence <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other	Monthly residential cost	Since ____ year(s) ____ month(s)	Property value	Mortgage balance	
Current employer or source of income	Name of employer	Duration <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		Work phone no.	
	Function in the company	Since ____ year(s) ____ month(s)	Gross monthly income	Other monthly income	
Financial institution <input type="checkbox"/> Caisse/Branch <input type="checkbox"/> Bank	Transit no.	Folio/account no.	<input type="checkbox"/> Chequing account <input type="checkbox"/> Savings account		

PERSONAL FINANCIAL INFORMATION SUMMARY

ASSET TYPE	DESCRIPTION	VALUE	LIABILITY	DESCRIPTION	BALANCE	MONTHLY INSTALMENTS
Chequing account	_____	\$	Credit card	_____	\$	\$
Savings account	_____	\$	Line of credit	_____	\$	\$
RRSP, RRIF, LIF, RESP	_____	\$	Personal loan	_____	\$	\$
Investment	_____	\$	Mortgage loan	_____	\$	\$
Real property	_____	\$	Other commitment	_____	\$	\$
Other asset	_____	\$				
	Total assets	\$				
			Net personal value =	Total assets less total liabilities	\$	

ADDITIONAL INFORMATION REQUIRED FOR JOINT VENTURE / CORPORATION / PARTNERSHIP / LIMITED PARTNERSHIP OR NPO

Please complete appendix A If the company is controlled by more than one administrator AND/OR An other shareholder holds at least 25% of the company

Date _____ Name in block letters _____ Signature of owner representing himself or herself and the business/
 joint guarantor/authorized business representative

COMPANY IDENTIFICATION

Company name (maximum of 26 characters)	Company address

APPLICATION - RESPONSIBILITIES - AUTORIZATIONS

The applicant must complete the following section according to the type of business he or she represents (legal form of business).

Individual - Joint venture

OR Corporation or Partnership or Limited Partnership or NPO

Authorization to collect and disclose information

In accordance with legislation on the protection of personal information, the following consents are given:

1. The undersigned declare(s) that the information shown above is true.
2. The undersigned hereby authorize(s) the Fédération to collect, from any person, information that is necessary for the delivery of all the financial services required for the purposes hereof. This authorization applies to the updating of information to enable the Fédération to re-analyze the undersigned's covenants towards it, in particular with respect to renewals, amendments or changes in their business relationship.
3. The undersigned authorize(s) any person to communicate such information to the Fédération, even if said information pertains to a file that is closed or inactive.
4. The undersigned authorize(s) the Fédération to communicate information concerning him/her/them to any financial institution, information agency, credit bureau or any other person with whom the Fédération or the undersigned maintain(s) business relations in connection with the delivery of financial services required for the purposes hereof.
5. The company, through its signing authorities, or the applicants if the company is a joint venture or any other type of company, agrees that it will provide the Fédération upon request the addresses and telephone numbers of the authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if applicable.

Card application

The undersigned applicant(s) hereby ask(s) the Fédération des caisses Desjardins du Québec (the "Fédération") to issue one or more TOTEM Desjardins cards registered to his/her/their name(s) and to the business name if applicable, and to renew or replace them as needed, for his/her/their use and that of the authorized representatives whose names appear on the next page. The total credit limit requested by the company is also shown on the next page.

Date	Owner/member's name	Owner/member's signature
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Authorization to collect and disclose information

In accordance with legislation on the protection of personal information, the following consents are given:

1. The undersigned declare(s) that the information shown above is true.
2. The undersigned hereby authorize(s) the Fédération to collect, from any person, information that is necessary for the delivery of all the financial services required for the purposes hereof, or in relation to the foregoing guarantee, if applicable. This authorization applies to the updating of information to enable the Fédération to re-analyze the undersigned's covenants towards it, in particular with respect to renewals, amendments or changes in their business relationship.
3. The undersigned authorize(s) any person to communicate such information to the Fédération, even if said information pertains to a file that is closed or inactive.
4. The undersigned authorize(s) the Fédération to communicate information concerning him/her/them to any financial institution, information agency, credit bureau or any other person with whom the Fédération or the undersigned maintain(s) business relations in connection with the delivery of financial services required for the purposes hereof, or for the foregoing guarantee, if applicable.
5. The company, through its signing authorities, or the applicants if the company is a joint venture or any other type of company, agrees that it will provide the Fédération upon request the addresses and telephone numbers of the authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if applicable.

Card application

The business whose name appears above, represented by its undersigned representative(s) who declare(s) himself/herself/themselves duly authorized for the purposes hereof, hereby asks the Fédération des caisses Desjardins du Québec (the "Fédération") to issue one or more TOTEM Desjardins cards registered to the business name, and to renew or replace them as needed, for the use of the authorized representatives whose names appear on the next page. The total credit limit requested by the company is also shown on the next page.

Date	Name of authorized business representative	Signature of authorized business representative
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Individual - Joint venture

If this application is accepted, and one or more TOTEM cards are issued to the applicants and representatives named on the next page, the undersigned applicant(s) undertake(s) to pay the fees indicated on the previous page and to reimburse all debts incurred through the use of said cards and of any product associated with it/them, including any amount that may exceed the authorized credit limits, as well as any change thereto, in particular an increase. He/she/they also pledge(s) that the TOTEM card(s) shall be used by the authorized representatives in accordance with the terms of the Fédération's variable credit contract that accompanies the card(s) and assume(s) liability for all debts or obligations arising from non-compliance with said terms.

If more than one applicant signs this application, they are jointly and severally liable for all debts and obligations arising from the fore-going covenants, which are indivisible and may be claimed in full from the applicants' heirs, legatees and assigns.

Date	Owner/member's name	Owner/member's signature
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**Corporation or Partnership
Joint guarantee**

The undersigned stands surety as joint guarantor for the company towards the Fédération des caisses Desjardins du Québec, for all debts incurred through the use of the TOTEM card(s) issued hereunder and of any product associated with it/them, including any debts that may exceed the authorized credit limits, as well as any change thereto, in principal and interest, plus charges and interest on the amounts owed at the same rate as that which is payable by the company pursuant to the request for payment that will be made to it by the Fédération.

This guarantee shall be ongoing and shall remain valid for the full amount, notwithstanding the reimbursement of the company's debts from time to time, in whole or in part, and shall bind the undersigned as well as his/her successors until such time as he/she gives the Fédération twenty (20) days' written notice of his/her wish to put an end to this guarantee. Said notice shall not take effect, nor shall it release the undersigned from his/her liability for the debts incurred by the company, until after the expiry of the aforementioned twenty- (20) day period. Should the undersigned die before taking advantage of his/her right to cancel, this guarantee shall cease as soon as the Fédération is informed of his/her death in writing, and his/her successors shall be relieved of their liability only for those debts incurred after receipt of said notice.

If more than one guarantor signs this application, they are jointly and severally liable for all debts and obligations arising from this guarantee, which are indivisible and may be claimed in full from the guarantors' heirs, legatees and assigns.

Date	Name of joint guarantor	Signature of joint guarantor
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Please photocopy this section as needed.

COMPANY IDENTIFICATION		
Company name	Company address	Total credit limit requested for all cards linked to the account

LIST OF AUTHORIZED REPRESENTATIVES		
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Last name/First name	Date of birth	Function in the company
Full address		Telephone number

Last name/First name	Date of birth	Function in the company
Full address		Telephone number

Last name/First name	Date of birth	Function in the company
Full address		Telephone number

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Full address		Telephone number

Last name/First name	Date of birth	Function in the company
Full address		Telephone number

_____ Date _____ Name in block letters _____ Signature of owner representing himself or herself and the business/
 joint guarantor/authorized business representative



ADDITIONAL INFORMATION REQUIRED ON THE BENEFICIAL OWNERS OF A CORPORATION OR ANOTHER ENTITY



This section must be completed only if the company is controlled by more than one administrator and/or if an other shareholder holds at least 25% of the company
Please photocopy this section as needed.

COMPANY IDENTIFICATION

Company name (maximum of 26 characters)	Company address
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INFORMATION ON BENEFICIAL OWNERS

-List all the administrators of companies/business corporations, organizations or other entities.
-List all the persons or entities who directly or indirectly hold at least 25% of the company/business corporation or control of the organization.

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

<input type="checkbox"/> Administrator	<input type="checkbox"/> Person who holds 25% or more of the company	<input type="checkbox"/> Person who holds 25% or more of the company through another company
Last and first name		Function in the company
Address	City	Province
		Postal code

Date

Name in block letters

Signature of owner representing himself or herself and the business/
joint guarantor/authorized business representative