



CREDIT APPLICATION Individual Consumer

DATE

Branches:

- 420, boul. Armand-Paris, Québec G1C 7X9 418 667-7557
- 15, rue Bernier, Québec G2N 1J4 418 849-7111
- 1230, boul. Louis-XIV, Québec G2L 1M2 418 628-0450
- 4250, boul. Henri-Bourassa, Québec G1H 3A5 418 626-1144
- 6235, boul. Wilfrid-Hamel, L'Ancienne-Lorette G2E 5W2 418 872-2874
- 1805, boul. Alphonse-Desjardins, Lévis G6V 9K5 418 833-6667
- 49, rue Marie-de-l'Incarnation, Québec G1N 3E5 418 681-6221
- 376, avenue Taniata, Lévis G6W 5M6 418 839-0621
- 191, route 138, Saint-Augustin-de-Desmaures G3A 0G2 418 871-7900
- 1177, boul. Pie-XI Sud, Québec G3K 1J4 418 842-1911
- 475, boul. Pierre-Bertrand, Québec G1M 3T8 418 687-2960
- 10, boul. Arthabaska Ouest, Victoriaville G6S 0P2 819 752-7775
- 15700, 1^{re} Avenue, Saint-Georges G5Y 2A3 418 228-8999
- 2061, boul. Talbot, Chicoutimi G7H 8B2 418 698-2992
- 2350, boul. des Récollets, Trois-Rivières G8Z 3X7 819 374-2036

- 1000, rue Galt Est, Sherbrooke J1G 1Y5 819 829-5950
- 1575, rue Saint-Maurice, Trois-Rivières G8V 2N1 819 694-0794
- 1450, route des Rivières, Lévis G7A 2N9 418 836-8600
- 1420, rue du Sud, Cowansville J2K 2Y8 450 266-0303
- 3205, boul. du Royaume, Jonquière G7T 0B2 418 542-3342
- 5711, boul. Bourque, Sherbrooke J1N 1G8 819 864-6801
- 2825, boul. Saint-Joseph, Drummondville J2B 7P5 819 479-3209
- 228, rue des Négociants, Rimouski G5M 1B6 418 723-0007
- 538, boul. Cadieux, Beauharnois J6N 0R5 450 429-5470
- 25, rue Raymond-Héroux, Granby J2J 0N1 450 372-0741
- 8115, chemin de Chambly, Longueuil J3Y 5K2 450 676-4906
- 2223, boul. Frontenac Est, Thetford Mines G6G 6P6 418 332-2206
- 1100, boul. Saint-Sacrement, Shawinigan G9N 0E3 819 539-5715
- 2100, boul. Firestone Est, Notre-Dame-des-Prairies J6E 8Z6 450 753-9429
- 2450, boul. boul. du Curé-Labelle, Prévost J0R 1T0 450 438-6141
- 600, boul. des Prés-Verts, La Prairie J5R 0R3 450 444-4389

Headquarters:

5355, boul. des Gradins 418 667-1313
 Québec G2J 1C8 TÉLÉC.: 418 871-0858

Mailing Address:

PO Box 250, L'Anncienne-Lorette G2E 3M3

EMAIL

PERSONAL INFORMATION

LAST NAME		FIRST NAME	
ADDRESS			APT.
CITY AND PROVINCE	POSTAL CODE	YEARS OF RESIDENCY AT THIS ADDRESS	TELEPHONE
IF LESS THAN TWO YEARS, PREVIOUS ADDRESS	<input type="checkbox"/> TENANT <input type="checkbox"/> OWNER	CITY AND PROVINCE	CELL
ARE YOU <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> LIVING WITH YOUR PARENTS	NUMBER OF ELIGIBLE DEPENDANTS (SPOUSE, DEPENDANT CHILD, ETC.)	MONTHLY RENT \$	
ARE YOU <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER/WIDOW <input type="checkbox"/> IN A CIVIL UNION <input type="checkbox"/> DIVORCED		OWNERS'S NAME	
SOCIAL INSURANCE NUMBER	BIRTHDATE DAY MONTH YEAR	SPOUSE NAME	SOCIAL INSURANCE NUMBE BIRTHDATE DAY MONTH YEAR

EMPLOYMENT INFORMATION

EMPLOYER	JOB DESCRIPTION (OR TITLE)	NUMBER OF YEARS WITH THIS EMPLOYER
ADDRESS		TELEPHONE
GROSS SALARY \$ _____ YEARLY \$ _____ MONTHLY \$ _____ WEEKLY		
IF YOU HAVE BEEN WORKING FOR THIS EMPLOYER FOR LESS THAN TWO YEARS, GIVE THE NAME OF YOUR FORMER EMPLOYER		
EMPLOYER	ADDRESS	
JOB DESCRIPTION (OR TITLE)	NUMBER OF YEARS WITH THIS EMPLOYER	MONTHLY SALARY \$
EMPLOYER OF SPOUSE (IF APPLICABLE)	JOB DESCRIPTION (OR TITLE)	NUMBER OF YEARS WITH THIS EMPLOYER
ADDRESS		TELEPHONE
GROSS SALARY \$ _____ YEARLY \$ _____ MONTHLY \$ _____ WEEKLY		

FINANCIAL INFORMATION

FINANCIAL INSTITUTION	ADDRESS	TELEPHONE	TRANSIT NUMBER	ACCOUNT NUMBER
FINANCIAL INSTITUTION	ADDRESS	TELEPHONE		
FINANCIAL INSTITUTION	ADDRESS	TELEPHONE		
LOANS	AMOUNT DUE	MONTHLY PAYMENTS	INSTITUTION - NAME AND CITY	ACCOUNT NUMBER
PERSONAL LOANS	\$ _____	\$ _____		
	\$ _____	\$ _____		
AUTOMOBILE LOANS	\$ _____	\$ _____		

FINANCIAL INFORMATION (CONTINUED)

LOANS	AMOUNT DUE	MONTHLY PAYMENTS	INSTITUTION – NAME AND CITY	ACCOUNT NUMBER
CREDIT CARDS	\$ _____	\$ _____	_____	_____
	\$ _____	\$ _____	_____	_____
OTHER (SPECIFY)	\$ _____	\$ _____	_____	ESTIMATED HOME VALUE
MORTGAGE LOANS	\$ _____	\$ _____	_____	_____
	\$ _____	\$ _____	_____	_____
AUTOMOBILE	YEAR	MANUFACTURER	OTHER MONTHLY INCOME (PENSION, INTERESTS, OTHERS)	OTHER ASSETS (INVESTMENTS, REAL ESTATE)
AUTOMOBILE	YEAR	MANUFACTURER	OTHER MONTHLY INCOME (PENSION, INTERESTS, OTHERS)	OTHER ASSETS (INVESTMENTS, REAL ESTATE)

OTHER INFORMATION

ADDRESS OF CONSTRUCTION OR RENOVATION		LAND LOT NUMBER					
ESTIMATED VALUE OF WORK	NAME OF THE OWNER (S) OF THE LAND	DATE OF ACQUISITION OF THE LAND					
PLANNED AMOUNT OF PURCHASES (ESTIMATE)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">DAY</td> <td style="width:33%; text-align:center;">MONTH</td> <td style="width:33%; text-align:center;">YEAR</td> </tr> <tr> <td style="text-align:center;"> _ _ </td> <td style="text-align:center;"> _ _ </td> <td style="text-align:center;"> _ _ </td> </tr> </table>	DAY	MONTH	YEAR	_ _	_ _
DAY	MONTH	YEAR					
_ _	_ _	_ _					
FINANCING CONSIDERED							
INSTITUTION'S NAME	PERSON IN CHARGE OF YOUR ACCOUNT	LOAN AMOUNT					
NOTARY (IF NECESSARY)							
NAME	ADDRESS	TELEPHONE					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;"> _ _ </td> <td style="width:50%; text-align:center;"> _ _ </td> </tr> </table>			_ _	_ _			
_ _	_ _						
PLANNED STARTING DATE OF WORK	PLANNED ENDING DATE OF WORK						
PERSON(S) AUTHORIZED TO BUY ON YOUR ACCOUNT							
PLEASE GIVE US, AS A REFERENCE, THE NAME AND THE ADDRESS OF A PERSON WHO KNOWS YOU WELL		TELEPHONE					
NAME	ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> _ _ </td> <td style="width:33%; text-align:center;"> _ _ </td> <td style="width:33%; text-align:center;"> _ _ </td> </tr> </table>	_ _	_ _	_ _		
_ _	_ _	_ _					
CITY AND PROVINCE	POSTAL CODE	FAMILY RELATIONSHIP OR OTHER					
		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;"> _ _ </td> <td style="width:33%; text-align:center;"> _ _ </td> <td style="width:33%; text-align:center;"> _ _ </td> </tr> </table>	_ _	_ _	_ _		
_ _	_ _	_ _					

I (we) the applicant(s), certify that the information mentioned herein is correct and that I (we) have no other creditor than those listed as I (we) know that the credit limit will be granted according to the information supplied.

I (we) request that a credit limit be opened with Canac-Marquis Grenier Ltd. who withholds the right to establish the credit limit as it sees fit.

I (we) authorize Canac-Marquis Grenier Ltd. and its affiliated companies to request, obtain, and exchange credit information under my name and my creditworthiness with any financial institution, credit agency, person, or society.

All my personal information which is obtained for this application will be kept by Canac-Marquis Grenier Ltd. credit department and all employees and their immediate superiors will have access to said information. Any request for modification according to the Privacy Act (L.Q. 1993 Chapter 17) will have to be addressed to the Manager of the Credit Department of Canac-Marquis Grenier Ltd. I (we) release Canac-Marquis Grenier Ltd. and its employees from all responsibility regarding this information.

All payments must be made by cheque, in cash, by debit card, or by Internet. Credit cards will not be accepted.

All merchandise remains the property of Canac-Marquis Grenier Ltd. until final payment.

I (we) accept that all invoice(s) not paid within thirty (30) days will bear a yearly interest rate of twenty-four percent (24%), calculated monthly at the rate of two percent (2%). If Canac-Marquis Grenier Ltd. hires an attorney or a recovering agent, in case of default of payment, I (we) accept to pay fees equivalent to twenty-five percent (25%) of the amount owed in capital and interest in damages for our delayed payment, in addition to the balance owed, all this subject to the rights and recourses of Canac-Marquis Grenier Ltd.

For the purposes of this application for credit or the terms respecting any other agreement entered into with Canac-Marquis Grenier Ltd., each of the undersigned hereby or the applicant represents that they reside in the judicial district of Québec.

Date _____ Signature of applicant (manually*) _____

Date _____ Signature of applicant (manually*) _____

***Electronic signatures will not be accepted.**