

APPLICATION FOR INDIVIDUAL VISA DESJARDINS BUSINESS CARD/ CORPORATE CARD/VISA DESJARDINS PURCHASING CARD PAYMENT

☐ Consolidated payments: a single payment is made each month☐ Individual payments: separate payments must be made for each					
COMPANY NAME		COMPANY TELEPHONE N	MBER COMPANY FAX NUMBER		
VISA DESJARDINS MASTER ACCOUN (if already a VISA Desjardins cardho		Business card			
	NT NUMBER	4 5 3 0 9	9 2		
	_		3 0		1 1 1
		Purchasing card 4 8 5 9 8			
		+ 0 3 3 0	5 0		
card solutions agreement which appe Payment." The Cardholder is invited to Finally, the Cardholder agrees that if it cards, it shall pay in full its balance on	o read the prov already has VIS	risions to learn abo SA Desjardins <i>Busi</i>	out its rights ness cards/	and obligation Corporate card	s thereunder.
Signature for the company by ts duly authorized representative	Date		Name in I	olock letters	
Signature for the company by ts duly authorized representative	Date		Name in I	olock letters	

Please fax this form to **1-866-720-4210**, or attach it to the *Business*/Corporate/Purchasing card application in the case of a new client.