Collabria

ACCOUNT REVIEW FORM

Please complete this form if you want to request a change to your current Collabria credit card account. Select one of the following account review options:

- O Reopen Closed Account
- O Decrease Annual Interest Rate (Flex card only)

Requested Limit (optional) $_____

PRIMARY CARDHOLDER (Required)

First Name MI Last Name

Credit Card Account Number

Address

City Province Postal Code

Province of Residence (If different than mailing address)

Primary Phone Number Secondary Phone Number

Date of Birth (DD/MM/YYYY) Mother's Maiden Name

Email Address

Occupation

Work Phone Number

FINANCIAL INFORMATION (Required)

$

Primary Cardholder Total Monthly Income

$

Joint Cardholder Total Monthly Income

Note: Alimony, child support or separate maintenance income need not be revealed if you do not want it considered as a basis for repayment.

What Is Your Housing Situation?

- O Own
- O Rent
- O Student
- O Other

How Long Have You Lived There? _____ Years _____ Months

$

Total Monthly Mortgage Payment / Rent

Do You Have A: (Check all that apply)

- O Chequing Account
- O Savings Account

Primary Cardholder Signature (Required) Date (DD/MM/YY)

By signing this form, you agree that all of the information entered is true and accurate.

Notes

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