

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:

- Credit Limit Increase   
  Reopen Closed Account   
  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?

- Own   
  Rent   
  Student   
  Other

How Long Have You Lived There?    
Years Months

\$   
Total Monthly Mortgage Payment / Rent

Do You Have A:   
  Chequing Account   
  Savings Account  
 (Check all that apply)

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