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**EXPRESS CREDIT APPLICATION FORM**

Transmission of this form implies acceptance of the conditions written below.

Date: \_\_\_\_\_

**(A) Bill to:**

Name: (client or company)	
Phone:	Fax:
Address: (street, city, province, postal code)	
Inquiry submitted by:	Reason for the request:
Email:	

**(B) Subject (please write clearly)**

Name:	First name:	
Address: (street, city, province, postal code)	Phone:	
Previous address: (street, city, province, postal code)		
Date of birth: (obligatory) (DD, MM, YYYY)	SIN: (optional)	-                      -

The potential subject has authorized Oligny-Thibodeau Inquiry Services Inc. as well as the requestor mentioned above to obtain all the necessary information regarding his financial institution, credit record or other sources that establishes his solvability. He also authorizes them to contact and inquire about all credit experiences with lenders, the credit record and all other service providers for the entire duration of the contract with the owner mentioned above. He solemnly affirms accordance with the provisions of the Evidence Act, that all identified information in section B of the present form are truthful, especially his address and his date of birth. He understands that any false declaration is liable of legal sanctions. The requestor and his agent are responsible of verifying the identity of the potential subject, especially the name, first name, date of birth and address, by verifying official pieces of identification therefore, they have declared to have verified the information before submitting the form, and in this respect, the requestor renounces all recourse against the Oligny-Thibodeau Inquiry Services Inc. for any and all damages deriving from an erroneous conclusion, ensuing that the requestor didn't correctly verify the identification of the potential subject. Furthermore, the requestor is conscious that the final decision of granting credit is exclusively their's to make, and that the Oligny-Thibodeau Inquiry Services Inc. cannot be held responsible in any way for damages caused to the requestor. The result of the inquiry does not exclude doubt and cannot be guaranteed.

Inquiries are PAYABLE IN ADVANCE. Please provide the numbers, the expiry date and the 3 security numbers of your Visa or Mastercard card by email at info@oligny-thibodeau.com or by calling 514 856-7723.

\_\_\_\_\_  
Client's signature **OBLIGATORY**

\_\_\_\_\_  
Candidate's signature **OBLIGATORY**