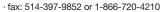
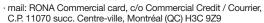


## **RONA COMMERCIAL CARD APPLICATION**

Three options to submit your application:

· email: credit.commercial.form@scd.desjardins.com







Desjardins' retailer number

1. CARD INFORMATION											
Annual fee: \$0					Annual interest rate: Credit limit requested PR* + 4% \$			t requested			
2. COMPANY IDENTIFICATION											
Full legal name Compan				ny name (if different from legal name)				Name to appear Legal name		characters maximum)  Company name	
Street address (Head office)  Address				Head office) City				Province		Postal code	
Company startup date (DD/MM/YYYY)	l I	In case of a start-u	up busines:	s, initial capital in	vestment \$						
Telephone number	none number Fax number				Type of business:				al		
Business sector					Nature of busin	ess					
Email address											
3. FINANCIAL INSTITUTION Complete this section only if Desjardins is the company's financial institution											
Name of financial institution		Transit number				Folio	/account n	umber			
Desjardins					1						
4. IDENTIFICATION OF AUTHORIZED REPRESENTATIVES (CARDHOLDERS)											
Last name/First name				ate of birth (DD/M	MM/YYYY) Function in the company						
Last name/First name				Date of birth (DD/MM/YYYY) Function in the co		Function in the company					
Last name/First name				Date of birth (DD/MM/YYYY) Function in the company							
Last name/First name				Date of birth (DD/MM/YYYY) Function in the company							
Last name/First name				Date of birth (DD/MM/YYYY) Function in the company							
Last name/First name				Date of birth (DD/MM/YYYY) Function in the con							
If you require more than 6 cards, please enclose the list of additionnals authorized representatives.  *Annual prime rate of Caisse centrale Desjardins du Québec											
5.		DECLA	RATIO	N OF BOF	RROWING	AUTHORITY					
I, the undersigned (indicate title) of (toporate entity), hereby certify that (i) I am a person with authority in the corporation, as one of directors; (ii) I have personal knowledge of the business of the corporation and of the facts orny signature and I am duly authorized to certify same; (iii) the corporation has the power an submit this application and the borrowing powers necessary to use the RONA commercial c (iv) the following persons are duly elected or nominated directors or officers of the corporatio case may be, and as of today occupy the position(s) set opposite their names, and that the appearing hereunder constitute the true signature of each of these persons:				ertified under I capacity to ard(s); and n, as the	card(s) and, r related to the requests, nov	s have the authority and power nore specifically, to sign and a application to the Fédération or in the future, of modification reof I have signed this certification	oprove ar des caiss on, increa	ny and all docum es Desjardins du se to the credit l	ent, or sup Québec a imit and/or	porting document, nd to submit any and all	
Business representative's name	Position	Signature	Э		Officer's or director's signature						
Business representative's name Position Signature					Printed name						
6. INITIALS OF OWN 1 2 3		EHOLDERS/	/MEME	BERS/AU1	THORIZED	SIGNATORIES/OFF	ICER	S/ADMINIS	TRATO	RS	
Initials of owners/shareholders/members/  1 2 3 Initials of guarantors (in the case of a corporation/general partr	authorized sign		s/adminis	strators							

- Notes:
   Financial statements mandatory for any application of more than \$100,000 as well as any application submitted by the agricultural sector, or for any NPO.
   Non-profit organizations and corporations must provide the excerpt of the resolution authorizing one or more signatories to make an application on the organization's behalf.

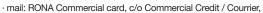


## **RONA COMMERCIAL CARD APPLICATION**

Three options to submit your application:

· email: credit.commercial.form@scd.desjardins.com

· fax: 514-397-9852 or 1-866-720-4210



C.P. 11070 succ. Centre-ville, Montréal (QC) H3C 9Z9



All of the company's administrators and officers must complete a copy of this page. AND All persons or entities owning 25% or more of the company, either directly or indirectly, must complete a copy of this page.

7. COMPANY IDENTIFICATION												
Complete legal name Address (Head office)												
8. OWNER/SHAREHOLDER/MEMBER INFORMATION												
Mrs. First name		Last name			Administrator  Yes No	Ownership %						
Date of birth (DD/MM/YYYY)	Home phone no.	Social insurance no.	(Optional)	If you have an AIR MILES® Co	ollector number, please enter it l	here						
Home address	Apt no.	City	1	Province	Postal code							
9. OWNER/SHAREHOLDER/MEMBER/OFFICER/ADMINISTRATOR INFORMATION Complete this section for applications of \$15,000 or more only												
Current employer or source of income	sition in the company		Gross monthly inc	•	Work phone no.							
Financial institution	Caisse/Branch Transit no.	Folio/account no.	Residence	Owner Tenant Other	Monthly residential cost	At this address since						
ASSET TYPE	DESCRIPTION	VALUE	LIABILITY	DESCRIPTION	BALANCE	year(s)month(s)  MONTHLY INSTALMENTS						
Real property	\$	Mortgage loans		\$ \$ \$								
Investments or savings		\$	Other commitments		\$	\$						
10.	R	ESPONSIBILITIES	S AND AUTHO	RIZATIONS								
The undersigned applicant, in the case of a sole proprietorship, the partners in the case of a joint venture, the enterprise as identified above and represented for the purposes hereof by its duly authorized signatories in the case of a corporation, and by its duly authorized partnership, (hereinafter the "undersigned hereby solidarily guarantees the obligations of the enterprise identified also the federation" to issue one or more RONA commercial cards (the "Federation") to issue one or more RONA commercial cards (the "Federation") in their name and in the name of their enterprise, as the case may be, to renew them or replace them, as needed, for their use and that of the authorized representatives whose names appear on the preceding page and in the schedule "List of Authorized Representatives", as the case may be. The credit limit requested by the enterprise of a joint venture, if more than one applicant signs this application, they shall be solidarily (jointly and severally) responsible for all debts and obligations arising from the commitments described above, which are indivisible and may be claimed in full from their heirs, legatees and assigns.  If this application is submitted by a corporation, a general partnership or by tid ly authorized representatives the obligations of the enterprise of a general partnership or the rederation which may exceed the credit limits granted a general partnership or the rederation in undersigned hereby solidaring your arround obligations arising from the use of the RONA card or cards issued partnership are solidarily flointly and severally responsible for all debts and obligations arising from the commitments described above, which are indivisible and may be claimed in full from their heirs, legatees and assigns.  If the application is submitted by a corporation, ageneral partnership are partnership are polical undersound obligations arising from th												
Authorization for the collection and disclosure of information In accordance with the laws governing the protection of personal information, the following consents are given, by the applicant in the case of a sole proprietorship, the partners in the case of a joint venture, the enterprise as identified above and represented for the purposes hereof by its duly authorized signatories in the case of a corporation, and by its duly authorized partners in the case of a general partnership, as well as the surety as the case may be (hereinafter the "undersigned"), namely:  1. The undersigned represent that the information contained herein is true;  2. The undersigned consent that the Federation may collect from any person the information necessary for the provision of all the financial services required by the object of the file or the suretyship granted below, as the case may be. This consent shall apply to the update of the information for the purposes of allowing the Federation to analyze again the commitments of the undersigned to the Federation, in particular in case of renewals, amendments or changes in their business relationship.  3. The undersigned consent that any person may communicate such information concerning them to any financial institution, information agent, credit bureau, or any other person with whom the Federation or the undersigned maintain a business relationship related to the provision of financial services required in accordance with the object of the file or the suretyship granted below, as the case may be.  5. The company, through its signing authorities, or the applicants if the company is a joint venture or any other type of company, agrees that it will provide the Fédération upon request the addresses and telephone numbers of the applicants authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if application, as well as any information regarding his or her use of the RONA commercial card to RONA Inc												
If this	application is made by a CORPORATION or	r a GENERAL PARTNERS	SHIP or LIMITED PA	RTNERSHIP, the guarantor's signa	ature is also required.							
Date	Name of the solidary quarantor			Signature of the solidary quarantor								

For questions about filling out the form, call 514-397-9935 or tollfree 1-866-934-8472.