

Three options to submit your application:
 · email: credit.commercial.form@scd.desjardins.com
 · fax: 514-397-9852 or 1-866-720-4210
 · mail: RONA Commercial card, c/o Commercial Credit / Courrier,
 C.P. 11070 succ. Centre-ville, Montréal (QC) H3C 9Z9

Desjardins' retailer number

1. CARD INFORMATION

Annual fee: \$0	Annual interest rate: PR* + 4%	Credit limit requested \$
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2. COMPANY IDENTIFICATION

Full legal name		Company name (if different from legal name)		Name to appear on card (26 characters maximum) <input type="checkbox"/> Legal name <input type="checkbox"/> Company name	
Street address (Head office)		Address (Head office)	City	Province	Postal code
Company startup date (DD/MM/YYYY)		In case of a start-up business, initial capital investment \$ _____			
Telephone number		Fax number		Type of business: <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit organization - NPO <input type="checkbox"/> Limited partnership <input type="checkbox"/> Individual	
Business sector			Nature of business		
Email address					

3. FINANCIAL INSTITUTION
Complete this section only if Desjardins is the company's financial institution

Name of financial institution Desjardins	Transit number	Folio/account number
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4. IDENTIFICATION OF AUTHORIZED REPRESENTATIVES (CARDHOLDERS)

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
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If you require more than 6 cards, please enclose the list of additionals authorized representatives. *Annual prime rate of Caisse centrale Desjardins du Québec.

5. DECLARATION OF BORROWING AUTHORITY

I, the undersigned _____ (indicate title) of _____ (name of corporate entity), hereby certify that (i) I am a person with authority in the corporation, as one of its officers or directors; (ii) I have personal knowledge of the business of the corporation and of the facts certified under my signature and I am duly authorized to certify same; (iii) the corporation has the power and capacity to submit this application and the borrowing powers necessary to use the RONA commercial card(s); and (iv) the following persons are duly elected or nominated directors or officers of the corporation, as the case may be, and as of today occupy the position(s) set opposite their names, and that the signatures appearing hereunder constitute the true signature of each of these persons: Business representative's name Position Signature Business representative's name Position Signature	These persons have the authority and power to bind the corporation in regards to the RONA commercial card(s) and, more specifically, to sign and approve any and all document, or supporting document, related to the application to the Fédération des caisses Desjardins du Québec and to submit any and all requests, now or in the future, of modification, increase to the credit limit and/or for additional card(s). In witness thereof I have signed this certificate on _____ (date) in _____ (place). Officer's or director's signature Printed name
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6. INITIALS OF OWNERS/SHAREHOLDERS/MEMBERS/AUTHORIZED SIGNATORIES/OFFICERS/ADMINISTRATORS

1. _____ 2. _____ 3. _____ 4. _____
 Initials of owners/shareholders/members/authorized signatories/officers/administrators

1. _____ 2. _____ 3. _____ 4. _____
 Initials of guarantors
 (in the case of a corporation/general partnership/limited partnership)

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.

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**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				
<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	First name	Last name	Administrator <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership %
Date of birth (DD/MM/YYYY)	Home phone no.	Social insurance no. (Optional)	If you have an AIR MILES® Collector number, please enter it here	
Home address	Apt no.	City	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	Position in the company	Gross monthly income			Work phone no.		
Financial institution	<input type="checkbox"/> Caisse/Branch <input type="checkbox"/> Bank	Transit no.	Folio/account no.	Residence	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other	Monthly residential cost	At this address since ___ year(s) ___ month(s)
ASSET TYPE	DESCRIPTION	VALUE	LIABILITY	DESCRIPTION	BALANCE	MONTHLY INSTALMENTS	
Real property	_____	\$ _____	Mortgage loans	_____	\$ _____	\$ _____	
Investments or savings	_____	\$ _____	Other commitments	_____	\$ _____	\$ _____	

10. RESPONSIBILITIES AND AUTHORIZATIONS

<p>Card application 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 partners in the case of a general partnership, (hereinafter the "undersigned") request the Fédération des caisses Desjardins du Québec (the "Federation") to issue one or more RONA commercial cards (the "RONA card") 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 for each of the applicants and representatives is indicated for each of these names. In the case 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.</p> <p>Commitments and responsibilities The undersigned undertake to pay the fees indicated on the preceding page and to pay all other debts contracted regarding the use of said cards and any product related thereto, including those that may exceed the credit limits granted and any changes thereto. They also undertake that the RONA card or cards be used by the authorized representatives according to the terms and conditions of the Federation's variable credit contract accompanying the card or cards and are liable for any debts or obligations resulting from non-compliance with these terms and conditions. The partners of a joint venture and a general partnership are 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.</p>	<p>Solidary suretyship If this application is submitted by a corporation, a general partnership or a limited partnership, the undersigned hereby solidarily guarantees the obligations of the enterprise identified above to the Federation for, (i) all debts and obligations arising from the use of the RONA card or cards issued hereunder, including the repayment of the amounts which may exceed the credit limits granted and any change thereto, in principal and interest, (ii) any charges and interest on the amounts due, at the same rate as the rate claimable from the enterprise effective from the request for payment which will be made to the enterprise by the Federation. This guarantee will be continuous and will remain valid, notwithstanding the occasional, total or partial repayment of the debts of the enterprise, and will bind the undersigned and its succession unless the undersigned has given the Federation twenty (20) days' written notice expressing the undersigned's desire to terminate this guarantee. This notice will have effect and will release the undersigned from liability only for the debts contracted by the enterprise after the expiry of the twenty (20) days stipulated above. In the event of the death of the undersigned before he or she has exercised his or her right of revocation, this suretyship will cease as soon as the Federation will be informed of the undersigned's death in writing, and the succession will be released only from the debts contracted after receipt of this notice. If more than one guarantor signs this application, they are solidarily (jointly and severally) responsible for all debts and obligations arising from this guarantee, which are indivisible and may be claimed in full from their heirs, legatees and assigns. This suretyship does not pertain to the performance of specific functions and is given on a purely personal basis.</p>
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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:

- The undersigned represent that the information contained herein is true;
- 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.
- The undersigned consent that any person may communicate such information to the Federation, even if it pertains to a closed or inactive file.
- The undersigned consent that the Federation may communicate the 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.
- 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 authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if applicable.

Each of the applicants authorizes the Fédération to communicate information concerning him or her, notably the approval or decline of this application, as well as any information regarding his or her use of the RONA commercial card to RONA Inc., its merchants, franchisees, subsidiaries and suppliers, for purposes of enabling RONA Inc, its merchants, franchisees, subsidiaries and suppliers to offer their products and services.

Date	Name of the applicant / partner / authorized signatory / officer / administrator of the enterprise	Signature of the applicant / partner / authorized signatory / officer / administrator of the enterprise
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If this application is made by a CORPORATION or a GENERAL PARTNERSHIP or LIMITED PARTNERSHIP, the guarantor's signature is also required.

Date	Name of the solidary guarantor	Signature of the solidary guarantor
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For questions about filling out the form, call 514-397-9935 or tollfree 1-866-934-8472.