

CONTRACTOR MEMBER PROGRAM

Store Location _____

Company name (if incorporated, please provide the full corporate name) _____

Name(s) to appear on the card (maximum two) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Cell Phone _____ Fax _____

Email _____ Website _____

How would you like RONA to update you on information and programs (check one): Fax Email Mail

Are you an association member? Yes No

If Yes, please provide association name: _____

Type of business (please check only one category):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Large Home Builder (20+ homes per year) | <input type="checkbox"/> Electrician | <input type="checkbox"/> Finisher | <input type="checkbox"/> Retirement Homes |
| <input type="checkbox"/> Home Builder (5-19 homes per year) | <input type="checkbox"/> Painter | <input type="checkbox"/> Framer | <input type="checkbox"/> Other Public Institutions |
| <input type="checkbox"/> Custom Home Builder (design/build a custom house) | <input type="checkbox"/> Drywall | <input type="checkbox"/> Residential Property Management | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Commercial Construction | <input type="checkbox"/> Roofer | <input type="checkbox"/> Commercial Property Management | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Self-Home Builder | <input type="checkbox"/> Decks and Fencing | <input type="checkbox"/> Hotels, Motels, Resorts | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Renovator/Remodeller | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Community Group/Assoc. | <input type="checkbox"/> Industrial 100+ employees |
| <input type="checkbox"/> Commercial Contractor | <input type="checkbox"/> Other Professionals | <input type="checkbox"/> Federal Gov't/Institution | <input type="checkbox"/> Industrial 50 - 100 employees |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Doors, Windows and Trim | <input type="checkbox"/> Provincial Gov't/Institution | <input type="checkbox"/> Industrial Under 50 employees |
| <input type="checkbox"/> Restoration Company | <input type="checkbox"/> Kitchens and Baths | <input type="checkbox"/> School (Public and Private) | <input type="checkbox"/> Farms |
| <input type="checkbox"/> Plumber | <input type="checkbox"/> Siding | <input type="checkbox"/> Hospital & Long-Term Care Facility | <input type="checkbox"/> Other _____ |

TRADE VERIFICATION

In order to process your application, a minimum of two items are required (please attach an original or photocopy).

Business Registration Business card Metro License No. Vendor Permit Other Trade Registration _____

Is your business PST exempt?: Yes No PST Number _____

(Copy of Vendor's Permit is not sufficient for proof of PST number. Copy of Certificate required.)

Deposit this form at the Pro Service counter to one of RONA Lansing or RONA Home and Garden in Ontario or fax it to the attention of Business Development Group at: (416) 241-2344.

TERMS AND CONDITIONS

I authorize RONA Inc. to contact me every week by email so I may be informed about RONA's special offers and services. It will be possible to unsubscribe at all times. For questions or comments, please contact our Customer Service team. Contact our Customer Service team: By phone: toll free at 1 866-283-2239 (from Monday to Friday, 8 a.m. to 8 p.m. (Eastern Time))
By email: customerservice@rona.ca, By post: 220 chemin du Tremblay, Boucherville (Qc) J4B 8H7

1. This card is non-transferable, is for the benefit of the applicant only and must be shown at the time of purchase.
2. To be eligible to receive any annual Contractor Reward Program, the customer must be in good standing.
RONA reserves the right to remove any customer from the program whose representatives do not act in an ethical manner or for reasons unspecified. Duplication or fraudulent accounts will forfeit eligibility to this program.
I hereby certify that the above information is correct as given and that I have read and understood the Terms and Conditions covering its use as stated above and agree to surrender the Trade Card upon demand.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Sales Person _____ Date _____

Sales Person Comments/Recommendations: _____

Branch Manager's Signature _____

Approved Declined _____ Date _____

Account Number Assigned _____ Date _____

If you have any questions or comments about the Pro Service program, please feel free to contact your local store representative or the Business Development Team at ronaprobdt@rona.ca or 1-905-532-2535, or your local store representative.