

Please complete your application form and return it to us by:
 • email: credit.form@scd.desjardins.com • fax: 514-393-8625 or 1-888-393-8625
 • mail: RONA card, P.O. BOX 11070, Centre-Ville Station, Montreal (Quebec), H3C 9Z9

Please call 1-800-363-3380 for detailed information about the annual credit rate, the nature of credit charges, the grace period and other such features.

Annual interest rate: 19.9%¹ Grace period: 21 days

FOR DESJARDINS CARD SERVICES USE ONLY

FILE PURPOSE: to provide financial services related to the various credit and payment services.

1. PERSONAL INFORMATION					
<input type="checkbox"/> MS. <input type="checkbox"/> MR.	First name		Last name		
HOME ADDRESS	Street and no.				Apt. no.
	City		Prov.	Postal code	
Date of birth Y Y Y Y M M D D	Home telephone no.		Cell telephone no.		Social insurance no. (optional)
Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Mother's maiden name (security code in case of theft or loss)		<input type="checkbox"/> Owner <input type="checkbox"/> Live with parents <input type="checkbox"/> Tenant <input type="checkbox"/> Other		Monthly cost \$ How long _____ year(s) _____ month(s)
Statement of account <input type="checkbox"/> Online <input type="checkbox"/> Paper	E-mail address (Required if you selected statement of account online statements) ²			Air Miles account number	
IDENTITY DOCUMENT	Type of ID ³	ID no.	Prov./country of issuance		Expiration date D D M M Y Y Y Y

2. FINANCIAL AND EMPLOYMENT INFORMATION					
CURRENT EMPLOYER OR SOURCE OF INCOME	Name		Street and no.		
	City		Prov.	Postal code	
	Telephone no. at work		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		Detailed job description
	How long _____ year(s) _____ month(s)		Monthly income \$ _____ <input type="checkbox"/> Gross <input type="checkbox"/> Net		Gross household income \$ Other monthly income \$
Financial institution <input type="checkbox"/> Credit union/Caisse branch <input type="checkbox"/> Bank	Transit		Account no. <input type="checkbox"/> Chequing account <input type="checkbox"/> Savings account		
Mortgage creditor		Balance \$			
Property value \$	Other assets (investments, real estate, etc.)				
Other credit card(s)	Credit limit \$	Balance \$	Monthly payment \$		

To receive an additional card on your RONA account, please fill out the following information of the co-applicant.

3. ADDITIONAL CARD FREE OF CHARGE					
<input type="checkbox"/> MS. <input type="checkbox"/> MR.	First name		Last name		
Social insurance no. (optional)	Date of birth Y Y Y Y M M D D		E-mail address		
CURRENT EMPLOYER OR SOURCE OF INCOME	Name		Street and no.		
	City		Prov.	Postal code	
	Telephone no. at work		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		Detailed job description
	How long _____ year(s) _____ month(s)		Monthly income \$ _____ <input type="checkbox"/> Gross <input type="checkbox"/> Net		Gross household income \$ Other monthly income \$
IDENTITY DOCUMENT	Type of ID ³	ID no.	Prov./country of issuance		Expiration date D D M M Y Y Y Y

4. DECLARATION		
<p>Card Application: Each of the undersigned certifies that the above-mentioned information is true and accurate. Each of the undersigned is applying for the issuance of a RONA card and its renewal or replacement at the discretion of the Fédération des caisses Desjardins du Québec (the "Fédération"). Liabilities: If a RONA card is issued, each of the undersigned undertakes to use it in compliance with the terms set out in the Fédération agreement accompanying the card. Each of the undersigned shall be solidarily (jointly and severally) liable for all debts contracted following the use of cards issued after this application. Each debt is indivisible and can be claimed in whole from the heirs, legatees and successors of each undersigned. Information about interest rates, grace periods and fees relating to the card can be obtained by calling the Fédération at 1-800-363-3380. Regular purchases are subject to credit charges based on the average daily balance from the date of each purchase, at the annual interest rate in effect for the period covered by the statement of account. Authorization for the collection and disclosure of information: Each of the undersigned consents to the Fédération gathering and updating any information necessary to the purpose of this agreement from any personal information agent, financial institution, employer and credit card issuer (the "third parties") in order to determine their solvency and re-analyse their obligations towards the Fédération as part of their business relationship with it. Each of the undersigned accepts and understands that by giving this consent, the Fédération will consult the credit reports concerning the undersigned obtained from information agents and that this consultation can affect their credit score, if applicable. Each of the undersigned authorizes third parties to disclose such information to the Fédération even if the undersigned file is closed or inactive. Each of the undersigned also consents to the Fédération disclosing to any personal information agent, financial institution or credit card issuer any information on financial commitments towards the Fédération resulting from the use of the RONA card. Each of the undersigned agrees that the Fédération may disclose the above-mentioned information, as well as any information related to his use of the card to RONA Inc., its merchants, its franchisees, its subsidiaries and its suppliers, primarily so that RONA Inc., its merchants, its franchisees, its subsidiaries and its suppliers can offer their products and services.</p>		
APPLICANT'S SIGNATURE _____	CO-APPLICANT'S SIGNATURE _____	DATE _____

¹Subject to Fédération des caisses Desjardins du Québec approval.

²Interest rate subject to change without prior notice.

³Your email address will be used to let you know when your account statement is available in AccèsD. By confirming your email address, you are agreeing to receive your statements online, as well as a registration confirmation email that contains instructions for viewing your statements through AccèsD. You understand and accept that your statements will not be sent to you by mail.

⁴Valid IDs: Driver's licence/Health insurance card (except for Ontario, Manitoba and PEI) /Permanent resident card/Birth certificate/Certificate of Indian Status/Landing card/Canadian passport.