

Complete, sign and mail today to receive your RONA Card.\*



Desjardins

RONA

FOR DESJARDINS CARD SERVICES USE ONLY

APPLICATION FOR A RONA CARD

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.

DESJARDINS MERCHANT NO.

PROMO CODE

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

SECTION 1

PERSONAL INFORMATION

MS.  MR. FIRST NAME LAST NAME

HOME ADDRESS NUMBER AND STREET APT. NO.  
CITY PROVINCE POSTAL CODE

DATE OF BIRTH HOME TELEPHONE NUMBER CELLULAR NUMBER SOCIAL INSURANCE NUMBER CORRESPONDENCE  
Y M D ( ) ( ) ( ) ( )  FRENCH  ENGLISH

MOTHER'S MAIDEN NAME (SECURITY CODE IN CASE OF THEFT OR LOSS)  OWNER  LIVE WITH PARENTS  RENTER  OTHER

MONTHLY COST SINCE E-MAIL ADDRESS AIR MILES COLLECTOR NUMBER  
\$ Y M

IDENTITY DOCUMENT TYPE OF IDENTITY DOCUMENT NUMBER OF IDENTITY DOCUMENT PROVINCE OF ISSUANCE EXPIRATION DATE

SECTION 2

FINANCIAL AND EMPLOYMENT INFORMATION

NAME AND ADDRESS STREET AND NO. CITY PROV. POSTAL CODE

CURRENT EMPLOYER OR SOURCE OF INCOME BUSINESS PHONE NUMBER TIME OCCUPATION OCCUPATION  
( )  FULL-TIME  PART-TIME  OTHER

SINCE MONTHLY INCOME GROSS NET GROSS HOUSEHOLD INCOME OTHER MONTHLY REVENUE  
Y M \$ \$ \$ \$

FINANCIAL INSTITUTION  CAISSE BRANCH TRANSIT ACCOUNT NUMBER  CHEQUING ACCOUNT  
 BANK  SAVINGS ACCOUNT

MORTGAGE CREDITOR \$ BALANCE

PROPERTY VALUE \$ OTHER ASSETS (INVESTMENTS, REAL ESTATE, ETC.)

OTHER CREDIT CARD(S) \$ CREDIT LIMIT \$ BALANCE \$ MONTHLY PAYMENT

SECTION 3

ADDITIONAL CARD FREE OF CHARGE

TO RECEIVE AN ADDITIONAL CARD ON YOUR RONA ACCOUNT, PLEASE FILL OUT THE FOLLOWING INFORMATION OF THE CO-APPLICANT.

MS.  MR. FIRST NAME LAST NAME

SOCIAL INSURANCE NUMBER DATE OF BIRTH E-MAIL ADDRESS  
Y M D

NAME AND ADDRESS STREET AND NO. CITY PROV. POSTAL CODE

CURRENT EMPLOYER OR SOURCE OF INCOME BUSINESS PHONE NUMBER TIME OCCUPATION OCCUPATION  
( )  FULL-TIME  PART-TIME  OTHER

SINCE MONTHLY INCOME GROSS NET MONTHLY INCOME OTHER MONTHLY REVENUE  
Y M \$ \$ \$ \$

IDENTITY DOCUMENT TYPE OF IDENTITY DOCUMENT NUMBER OF IDENTITY DOCUMENT PROVINCE OF ISSUANCE EXPIRATION DATE

SECTION 4

DECLARATION

**Card Application:** Each of the Applicants certifies that the information supplied above is true. Each of the Applicants is applying for the issuance of a RONA card and its renewal or replacement at the discretion of Desjardins Financial Group. **Liabilities:** If a RONA card is issued, each of the Applicants undertakes to use it in accordance with the terms and conditions of Desjardins Financial Group Agreement regarding said Card. Each of the applicants is liable for all debts contracted with the use of any of the cards issued on the principal cardholder's account. All debts are indivisible and may be claimed in whole from the heirs, legatees and assigns of each of the Applicants. **Authorization for the collection and disclosure of information:** Each of the applicants consents to the collection and update of only the information required for the object of the file by Desjardins Financial Group from any information officer, financial institution, employer and card issuer ("third parties"), for the purpose of establishing his/her solvency and to re-analyse his/her undertakings toward Desjardins Financial Group as part of his/her business relationship with Desjardins Financial Group. Each of the applicants authorizes third parties to release such information to Desjardins Financial Group, even if this information pertains to a closed or inactive file. Each of the applicants also consents to the disclosure of his/her financial undertakings toward Desjardins Financial Group, by Desjardins Financial Group to any information officer, financial institution and credit card issuer, as a result of the use of the RONA card. This consent shall remain in full force and effect for as long as each applicant holds a RONA card. Each of the applicants agrees that Desjardins Financial Group may disclose the above-mentioned information, as well as any information related to his use of the RONA 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.

SIGNATURE(S)

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

DATE