

| 1. CARD INFORMATION | |
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| Business card: No annual fee at an annual interest rate of 19.9%. Minimum monthly payments required. | |

| 2. COMPANY INFORMATION | | | | |
|-----------------------------------|------------|---|---|---|
| Complete legal name | | Company operating name (if different from legal name) | | Name to appear on card (26 characters maximum) <input type="checkbox"/> Legal name <input type="checkbox"/> Company name |
| Address (Head office) | | Suite | 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"/> Sole proprietorship/Individual <input type="checkbox"/> Non-profit organization - NPO <input type="checkbox"/> Limited partnership | |
| Business sector | | Nature of business | | |
| E-mail address | | | | |

| 3. FINANCIAL INSTITUTION | | |
|-------------------------------|----------------|----------------|
| Name of financial institution | Transit number | Account number |

| 4. REQUIRED DOCUMENTS |
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| - Financial statements mandatory for any application of more than \$35,000 as well as any application submitted by the agricultural sector, or for any NPO. - Excerpt of resolution is mandatory for applications of \$15,000 or more from corporations and for all applications from NPOs. |

| 5. IDENTIFICATION OF AUTHORIZED REPRESENTATIVES (Note: Each authorized representative will receive a card in his/her name.) | | | |
|---|----------------------------|-------------------------|------------------------|
| Last name/First name | Date of birth (DD/MM/YYYY) | Function in the company | Credit limit requested |
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| | | | |
| Total limit requested | | | |

If you require more than 6 cards, please enclose the list of additional authorized representatives.
The list of authorized representatives above remains valid and the company is responsible for all debts incurred by them, until such time as the company informs the Fédération des caisses Desjardins du Québec of any changes to be made.

| 6. INITIALS OF OWNERS/SHAREHOLDERS/MEMBERS/ASSOCIATES/AUTHORIZED SIGNATORIES | |
|--|--|
| 1. _____ 2. _____ 3. _____ 4. _____ Initials of owners/shareholders/members/associates/authorized signatories (Identified in section 8) | |
| 1. _____ 2. _____ 3. _____ 4. _____ Initials of sureties/guarantors (in the case of a corporation/general partnership/limited partnership) | |

All fields are mandatory.
Each owner/shareholder/associate/member holding 25% or more of the business must fill out a separate copy of this page.

| 7. COMPANY INFORMATION | |
|------------------------|-----------------------|
| Complete legal name | Address (Head office) |

| 8. OWNER/SKAREHOLDER/ASSOCIATE/MEMBER INFORMATION | | | | | | | |
|--|----------------------------|----------------|---------------------------------|-------------|---------------------|--|---|
| <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. | First name | | | Last name | | | |
| Ownership % | Date of birth (DD/MM/YYYY) | Home phone no. | Social insurance no. (optional) | | Language preference | | <input type="checkbox"/> English <input type="checkbox"/> French |
| Home address | Apt no. | City | Province | Postal code | | | |

| 9. PERSONAL AND PROFESSIONAL FINANCIAL INFORMATION | | | | | | | |
|--|----------------------------|-------------|-------------|----------------------|---|--------------------------|---|
| Current employer or source of income | Position in the company | | | Gross monthly income | | Work phone no. | |
| Financial institution | Financial institution name | Transit no. | 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 | | | |
| Real property | | | | \$ | | | |
| Investments or savings | | | | \$ | | | |
| LIABILITY | | DESCRIPTION | | BALANCE | | MONTHLY INSTALMENTS | |
| Mortgage loans | | | | \$ | | \$ | |
| Other commitments | | | | \$ | | \$ | |

| 10. CERTIFICATE OF INCUMBENCY | | | |
|---|--|---|--|
| <p>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 Staples/Bureau en Gros 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:</p> | | <p>These persons have the authority and power to bind the corporation in regards to the Staples/Bureau en Gros 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).</p> | |
| <p>In witness thereof I have signed this certificate on _____ (date) in _____ (place).</p> | | | |
| <p>Business representative's name _____ Position _____ Signature _____</p> | | <p>Officer's or director's signature _____</p> | |
| <p>Business representative's name _____ Position _____ Signature _____</p> | | <p>Printed name _____</p> | |

| 11. RESPONSIBILITIES AND AUTHORIZATIONS | |
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| <p>Card application</p> <p>The undersigned applicant, in the case of a sole proprietorship, the partners in the case of a joint venture, the company 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 Staples/Bureau en Gros Business cards (the "Staples/Bureau en Gros card") in their name and in the name of their company, 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. The credit limit requested by the company 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</p> <p>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 Staples/Bureau en Gros 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/Joint and several guarantee</p> <p>If this application is submitted by a corporation, a general partnership or a limited partnership, the undersigned hereby jointly and severally, or solidarily guarantees the obligations of the company identified above to the Federation for, (i) all debts and obligations arising from the use of the Staples/Bureau en Gros 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 company effective from the request for payment which will be made to the company by the Federation. This suretyship/guarantee will be continuous and will remain valid, notwithstanding the occasional, total or partial repayment of the debts of the company, 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 suretyship/guarantee. This notice will have effect and will release the undersigned from liability only for the debts contracted by the company 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/guarantee 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 surety/guarantor signs this application, they are solidarily (jointly and severally) responsible for all debts and obligations arising from this suretyship/guarantee, which are indivisible and may be claimed in full from their heirs, legatees and assigns. This suretyship/guarantee does not pertain to the performance of specific functions and is given on a purely personal basis.</p> |

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| <p>Authorization for the collection and disclosure of information</p> <p>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 company 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/guarantor as the case may be (hereinafter the "undersigned"), namely:</p> | |
| <p>1. The undersigned represent that the information contained herein is true;</p> <p>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/guarantee 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.</p> <p>3. The undersigned consent that any person may communicate such information to the Federation, even if it pertains to a closed or inactive file.</p> <p>4. The undersigned consent that the Federation may communicate the information concerning them to any financial institution, personal information agent, credit bureau, Staples Canada Inc. 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/guarantee granted below, as the case may be.</p> <p>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 authorized representatives and recognizes that it is the company's responsibility to obtain the consent to this effect of said representatives, if applicable.</p> | |

| | | |
|------|---|--|
| Date | Name of the applicant / partner / authorized signatory of the company | Signature of the applicant / partner / authorized signatory of the company |
|------|---|--|

If this application is made by a CORPORATION or a GENERAL PARTNERSHIP or LIMITED PARTNERSHIP, the surety / guarantor's signature is also required.

| | | |
|------|--------------------------------|-------------------------------------|
| Date | Name of the surety / guarantor | Signature of the surety / guarantor |
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For questions about how to fill in the form, visit staples.ca/credit or call 1-866-934-8472.