



CREDIT APPLICATION - BUSINESS

La Coopérative agricole d'Embrun Itée
926 Notre-Dame Street, PO Box 189
Embrun (Ontario) K0A 1W0
Phone: (613) 443-2833

Please return the completed form to (613) 443-1820 or admin@coopembrun.com

BUSINESS INFORMATION					
NAME OF BUSINESS / FARM:					
LEGAL NAME:					
ADDRESS:					
CITY, PROVINCE:		POSTAL CODE:			
PHONE:		FAX:			
DESCRIPTION OF BUSINESS					
DATE BUSINESS COMMENCED:		HST #		_____ RT _____	
TYPE OF BUSINESS:		SOLE PROPRIETORSHIP		PARTNERSHIP	
		FARM:		CORPORATION	
		OTHER (describe):			
ACCOUNTS PAYABLE CONTACT:				PHONE: ()	
A/P EMAIL:				FAX: ()	
IF SOLE PROPRIETORSHIP, PARTNERSHIP OR FARM:					
OWNER NAME:					
DATE OF BIRTH:		MM / DD / YYYY		PHONE: ()	
BANK REFERENCE					
BANK NAME:		CONTACT:			
BRANCH:		ADDRESS:			
ACCOUNT #:		PHONE:		()	
TRADE REFERENCES					
NAME:		PHONE: ()		FAX: ()	
NAME:		PHONE: ()		FAX: ()	
CREDIT REQUESTED					
AMOUNT:		\$		PRODUCTS TO BE CHARGED:	
				FARM	
				HARDWARE	
				FUEL	
				OTHER	
TERMS AND CONDITIONS					

- Unless there exists a pre-approved agreement with the La Cooperative agricole d'Embrun Itée, any purchases are payable by the 27th day of the month following the purchase.
- An administration fee of 2% per month (24% per year) will be payable on any unpaid balances over 30 days.
- A \$25.00 fee will be required for all cheques returned due to insufficient funds.
- In the event of default and if the account must be submitted to a collection agency licensee, an amount equal to 20% of the balance owed at that date will be added to the account to provide for recovery costs.
- I hereby authorize La Cooperative agricole d'Embrun Itée and / or its agents to obtain and verify information on the credit habits of the business and its owners at any time when the account is active. I understand that all information provided will be kept strictly confidential and will be used solely for the purposes of determining the amount and terms of credit to be granted.

I have read the terms and conditions listed above, I understand and accept by way of signature below.

SIGNATURE _____ NAME _____ TITLE _____ DATE _____ PLACE _____

GUARANTOR

(Required for sole proprietorships, partnerships and farms.)

I, the undersigned guarantor, jointly and severally guarantee payment of any accounts rendered by the La Cooperative agricole d'Embrun Itée to the above-named applicant for materials supplied or delivered.

SIGNATURE _____ NAME _____ TITLE _____ DATE _____ PLACE _____