



PERSONAL CREDIT APPLICATION

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

PERSONAL INFORMATION						
FULL NAME OF APPLICANT:						
STREET ADDRESS:				OWNER	TENANT	
CITY, PROVINCE:		POSTAL CODE:				
PHONE (HOME):		PHONE (CELL):				
DATE OF BIRTH:	MM / DD / YYYY	SIN OR DRIVER'S LICENCE NUMBER:				
EMAIL ADDRESS:		FULL NAME OF SPOUSE OR CO-APPLICANT:				
WORK REFERENCES						
APPLICANT						
NAME OF EMPLOYER:		ANNUAL INCOME:				
EMPLOYER ADDRESS:		PHONE:	()			
SINCE:		<i>If the account is for the business/farm, you must complete a BUSINESS CREDIT APPLICATION</i>				
CO-APPLICANT / SPOUSE						
NAME OF EMPLOYER:		ANNUAL INCOME:				
EMPLOYER ADDRESS:		PHONE:	()			
BANK REFERENCE						
BANK NAME:		CONTACT:				
BRANCH:		ADDRESS:				
ACCOUNT #:		PHONE:	()			
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 _____ PRINT NAME _____ DATE _____

GUARANTOR

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 _____ PRINT NAME _____ DATE _____