



BUSINESS CREDIT APPLICATION

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		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	
				Fuel	
				Hardware	
				Other	
TERMS & CONDITIONS					
<ol style="list-style-type: none"> Unless there exists a pre-approved agreement with the La Cooperative agricole d'Embrun ltée, 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 ltée 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 ltée to the above-named applicant for materials supplied or delivered.					
SIGNATURE _____		PRINT NAME _____		DATE _____	

ADDITIONAL GUARANTORS *(not required)*

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

SIGNATURE _____ PRINT NAME _____ DATE _____

SIGNATURE _____ PRINT NAME _____ DATE _____

SIGNATURE _____ PRINT NAME _____ DATE _____