

admin@coopembrun.com

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PERSONAL CREDIT APPLICATION

Embrun, ON KOA 1WO

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

PERSONAL INFORMATI	ON								
Full Name of Applicant									
Street Address					Owne	er		Tenant	
City, Province			Postal Co	ode					
Phone (home)	Phone (Cell)			iell)					
Date of Birth	SIN or Driv			iver's					
(MM/DD/YYYY)	License Numb			lumber					
Email Address									
Full name of spouse or c	o-applican	t							
WORK REFERENCES									
Applicant									
Name of Employer				Annual Inc	come				
Employer Address				Phone					
Since		If the account is for the business/farm, you must complete a							
		BUSINESS CH	REDIT APP	PLICATION.					
Co-applicant / Spouse	<u>)</u>								
Name of Employer				Annual Income					
Employer Address				Phone					
BANK REFERENCE									
Bank Name				Contact					
Branch				Address					
Account #				Phone					
CREDIT REQUESTED									
Amount	\$ Products to be charged			1	Farm			Hardware	
					Fuel			Other	
TERMS & CONDITIONS						L	<u>I</u>		1
1. Unless there exists a pre-approved agreement with the La Coopérative agricole d'Embrun Itée, any purchases are payable by the 27th day of the month									
following the purchase. 2. 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 pro			agency licensee	e, an amount equ	ai to 20% c		anceov	ved at that date w	in be
		Embrun Itée and / or its agents e. I understand that all informa							
purposes of determining the			tion provided w	nii be kept stricti,	/ connuent		in be u.	sed solely for the	
	al a sus althics o					¢	- 4		
I have read the terms an	a conditior	is listed above, I und	erstand an	d accept b	y way c	or sign	ature	e below.	
SIGNATURE	PRINT NAME				DATE				
GUARANTOR									
I, the undersigned guara	ntor, jointly	and severally guara	ntee paym	nent of any	accoun	ts ren	dered	d by the La	
Coopérative agricole d'E									
SIGNATURE		PRINT NAME			DA1	ГЕ			
926 Notre Dame C. P.	189	(613) 443-	-2833	Ĩ) CC	opembrun.c	om

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