

BUSINESS CREDIT APPLICATION

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

BUSINESS INFORMATION						
Name of Business / Farm						
Legal Name						
Street Address, City						
Province, Postal Code	Phone					
DESCRIPTION OF BUSINES	5					
Date Business Commenced		Н	HST #		RT m	
Type of Business	Sole Proprietorship	Partnership	С	Cor	poration	
	Farm	Other (des	scribe)			
Accounts Payable Contact	· · ·	P	Phone			
A/P Email			•			
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			
Name			Phone			
CREDIT REQUESTED						
Amount \$	Products to be charged		Hardware		Farm	Energy
TERMS & CONDITIONS	r roddets to be charged		1 Idi di Wal (-	1 diffi	Energy
 Unless there exists a pre-approved agreement with the La Coopérative agricole d'Embrun Itée, all purchases are payable by the 15th 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 \$50.00 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 30% of the balance owed at that date will be added to the account to provide for recovery costs. I hereby authorize La Coopérative agricole d'Embrun Itée and / or its agents to communicate with me regarding this account using the email address provided above. I hereby authorize La Coopérative 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			DAT	Е	
GUARANTOR						
I, the undersigned guarantor, jointly 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			

(613) 443-2833
(613) 443-1820

- coopembrun.com
- ≥ admin@coopembrun.com



ADDITIONAL GUARANTORS (not required)					
I, the undersigned guarantor, jointly 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			
SIGNATURE		_ DATE			
SIGNATURE	_ PRINT NAME	_ DATE			

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