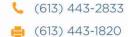


## PERSONAL CREDIT APPLICATION

Please return the completed form to (613) 443-1820 or <a href="mailto:admin@coopembrun.com">admin@coopembrun.com</a>.

If this is for a business/farm, you must complete a BUSINESS CREDIT APPLICATION.

PERSONAL IN	NFORMATION						
Full Name of	Applicant						
Street Addres	SS			Owner		Tenant	
City, Province	)	Postal Code		I.		•	
Phone (home)		Phone (Cell)					
Date of Birth	(MM/DD/YYYY)	SIN or Driver's	License Nur	mber			
Email Address	S				•		
Full name of s	spouse or co-app	licant					
WORK REFER	RENCES						
Applicant							
Name of Employer		Annual Income					
Since				Phone			
Employer Add	dress						
Co-applicant ,	/ Spouse						
Name of Emp	loyer			Annual Inc	Annual Income		
Employer Add	dress			Phone			
BANK REFER	ENCE						
Bank Name			Contact				
Branch			Address				
Account #			Phone				
CREDIT REQU	JESTED						
Amount	\$	Products to be charged	Hardwa	are Fa	arm	Energy	
TERMS & CON		oved agreement with the La Coopérative a	aricala d'Emb	run Itée, all p	urchases a		
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ADDITIONAL GUARANTORS (not required)								
I, the undersigned guarantor, jointly guarantee payment of any accounts rendered by the La Cooperative agricole								
d'Embrun Itee to the above-na	amed applicant for materials supplied	d or delivered.						
SIGNATURE	PRINT NAME	DATE						
SIGNATUDE	PRINT NAME	DATE						
SIGNATORE	FRINTINAME	DATE						
SIGNATURE	PRINT NAME	DATE						



