

## PERSONAL CREDIT APPLICATION

Please return the completed form to [admin@coopembrun.com](mailto:admin@coopembrun.com). *If this is for a business/farm, you must complete a BUSINESS CREDIT APPLICATION.*

| PERSONAL INFORMATION                |    |                        |  |                                       |          |               |      |        |        |
|-------------------------------------|----|------------------------|--|---------------------------------------|----------|---------------|------|--------|--------|
| Full Name of Applicant              |    |                        |  |                                       |          |               |      |        |        |
| Street Address                      |    |                        |  |                                       |          | Owner         |      | Tenant |        |
| City, Province                      |    |                        |  | Postal Code                           |          |               |      |        |        |
| Phone (home)                        |    |                        |  | Phone (Cell)                          |          |               |      |        |        |
| Date of Birth<br>(MM/DD/YYYY)       |    |                        |  | <b>SIN or Driver's License Number</b> |          |               |      |        |        |
| Email Address                       |    |                        |  |                                       |          |               |      |        |        |
| Full name of spouse or co-applicant |    |                        |  |                                       |          |               |      |        |        |
| WORK REFERENCES                     |    |                        |  |                                       |          |               |      |        |        |
| <i>Applicant</i>                    |    |                        |  |                                       |          |               |      |        |        |
| Name of Employer                    |    |                        |  |                                       |          | Annual Income |      |        |        |
| Since                               |    |                        |  |                                       |          | Phone         |      |        |        |
| Employer Address                    |    |                        |  |                                       |          |               |      |        |        |
| <i>Co-applicant / Spouse</i>        |    |                        |  |                                       |          |               |      |        |        |
| Name of Employer                    |    |                        |  |                                       |          | Annual Income |      |        |        |
| Employer Address                    |    |                        |  |                                       |          | Phone         |      |        |        |
| BANK REFERENCE                      |    |                        |  |                                       |          |               |      |        |        |
| Bank Name                           |    |                        |  | Contact                               |          |               |      |        |        |
| Branch                              |    |                        |  | Address                               |          |               |      |        |        |
| Account #                           |    |                        |  | Phone                                 |          |               |      |        |        |
| CREDIT REQUESTED                    |    |                        |  |                                       |          |               |      |        |        |
| Amount                              | \$ | Products to be charged |  |                                       | Hardware |               | Farm |        | Energy |

## TERMS & CONDITIONS

1. Unless there exists a pre-approved agreement with the La Coopérative Agricole d'Embrun Ltée, all purchases are payable by the 15<sup>th</sup> 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.
3. A \$50.00 fee will be required for all cheques returned due to insufficient funds.
4. 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.
5. I hereby authorize La Coopérative Agricole d'Embrun Ltée and / or its agents to communicate with me regarding this account using the email address provided above.
6. I hereby authorize La Coopérative 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 guarantee payment of any accounts rendered by the La Coopérative 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 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 \_\_\_\_\_

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