

Member Owned – Truly Canadian



Patronage Number

Commercial & Corporate Farm

Riverbend Co-operative Ltd

P.O. Box 69
Outlook, Saskatchewan, Canada
S0L2N0
Telephone:
Administration: (306) 867-8614
Fax: (306) 867-1812
E-mail: riverbend.coop@sasktel.net

1. IDENTIFICATION

Name of Applicant _____ Telephone () _____ Fax () _____
Name of Partner _____ Telephone () _____ Fax () _____
Trade Name/Business Name (if different from above) _____
Address (If P.O. Box provide Street Address as well) _____
City/Town _____ Province _____ Postal Code _____

2. BUSINESS INFORMATION

Nature of Business _____ GST # _____ PST # _____
Corporation _____ Partnership _____ Sole Proprietorship _____ other (Specify) _____
Length of Time in Business _____ Years Incorporation Date _____ # of Employees _____
Accounts Payable Contact _____ Telephone # () _____
If a Subsidiary, Branch or Division, please state Parent Corporation
Name _____ Telephone () _____ Fax () _____
Address _____
City/Town _____ Province _____ Postal Code _____
Financial Statements for the Year Ending _____ Prepared. Will Provide Copy _____ Yes _____ No _____ Attached

Financial Information provided will be held in strict confidence and used for credit purposes only.

Officers, Partners or Owner's Name Title _____ Home Address(Partners or Owner) _____ Birth Date (MM/DD/YY)

3. REFERENCES

Financial Institution _____ Account Manager _____
Address _____ Account # _____ Telephone () _____
Current Trade Supplier Name _____ Address _____ Telephone # _____

Current Fuel Supplier _____ () _____
Account # _____

Are there any legal actions pending against you or your partner(s)? _____ Yes _____ No _____
Have you or your partner(s) been discharged from bankruptcy in the last 6 years? _____ Yes _____ No _____

4. COMPLETE THIS PORTION FOR CORPORATE FARM USE

Legal Description of Land - Section(s) _____ Township _____ Range _____ West of _____ Meridian
How long have you farmed _____ Acres Farmed _____
Is Livestock Financed by 3rd Party _____ If so, who? _____ # of Livestock _____

Name of Insurance Agent _____

5. ACCOUNT INFORMATION

Estimated Monthly Co-op Purchases \$ _____ Credit Limit Desired\$ _____

OVER→

Please Read Date and Sign

I/we certify that the above information is true. I/we certify that I/we are entering into this credit agreement primarily for commercial purposes (that is, not personal, family or household purposes), or for corporate farming purposes. I am /We are at least the minimum adult age. I/We understand the Co-op may accept or reject this application. If this credit application is accepted, I am/We are bound by the Co-op's Commercial/Corporate Farm Credit Agreement and Statement of Disclosure. Where a partner signs this application with me, we acknowledge that the terms of this application and all consents given in it bind both of us. We agree to be jointly and individually liable, which means we are liable both individually and together for all amounts charged to the account. If this application is made by a corporation, each of the above statements is considered to be made by an authorized person on behalf of the corporation with all necessary grammatical changes.

I/We understand that purchases made during a calendar month on this Co-op account are payable in full by **the last day of the following month**. On any amount that is not paid, I/We agree to pay a service charge of **24%** per annum, (2.0% per month) calculated monthly and added to the account until the account has been paid in full or made current within the terms arranged and I/we shall be responsible for collection costs incurred in recovering the full amount of my unpaid account. Any payments on this account which do not pay the account in full will be applied firstly, to pay service charges and secondly, to reduce the principal outstanding.

I/We/the Corporation consent(s) to the exchange of account and credit information and personal information from time to time by the Co-op and the financial references provided and to the exchange of credit information with credit grantor, credit bureau, credit reporting agency, or my/our employer(s).

DATE: _____
 MM DD YY

Corporate Applicant's Name

X
Individual Applicant's Signature

X
Partner's Signature (if applicable)

By: X
Signature

Title