

**Member Owned – Truly Canadian**



## 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

Patronage Number

Commercial & Corporate Farm

### 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 3<sup>rd</sup> Party \_\_\_\_\_ If so, who? \_\_\_\_\_ # of Livestock \_\_\_\_\_  
\_\_\_\_ Owner \_\_\_\_ Tenant Mortgage Company \_\_\_\_\_  
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

X \_\_\_\_\_  
Individual Applicant's Signature

X \_\_\_\_\_  
Partner's Signature (if applicable)

\_\_\_\_\_  
Corporate Applicant's Name

By: X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

