



Turtleford & District Co-op
 Box 40 • Turtleford, Saskatchewan S0M 2Y0
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CO-OP NUMBER

**PERSONAL / NON-CORPORATE FARM
 CREDIT APPLICATION**

SECTION A: Please Print

LAST NAME		FIRST NAME	INITIALS	DATE OF BIRTH
APT. #	ADDRESS			
CITY		PROV	POSTAL CODE	HOW LONG
PREVIOUS ADDRESS				
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	# OF DEPENDANTS	SPOUSE'S FULL NAME	PHONE #	
		BUSINESS PHONE #		
EMPLOYER		OCCUPATION	HOW LONG	
SPOUSE EMPLOYED BY		OCCUPATION	HOW LONG	
NAME OF NEAREST RELATIVES NOT LIVING WITH APPLICANT			PHONE NUMBER	
EMAIL: BY PROVIDING YOUR E-MAIL ADDRESS, YOU GIVE THE Turtleford & District Co-op PERMISSION TO USE THIS ADDRESS FOR COMMUNICATION OF ACCOUNT RECEIVABLE INFORMATION. EMAIL:				

SECTION B:

BANK OR CREDIT UNION	BRANCH	ACCOUNT NO	<input type="checkbox"/> CHEQUING <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER
HOME FINANCED BY	EST. VALUE	AMT. OWING \$	MONTHLY PAYMENT / RENT
OTHER CREDIT (LOANS, CREDIT CARDS, FINANCE CO's)			
NAME	ADDRESS	AMT. OWING \$	MONTHLY PAYMENT \$
NAME	ADDRESS	AMT. OWING \$	MONTHLY PAYMENT \$
NAME	ADDRESS	AMT. OWING \$	MONTHLY PAYMENT \$
YOUR MONTHLY NET INCOME	SOCIAL INSURANCE NO	SPOUSE'S MONTHLY NET INCOME	SOCIAL INSURANCE NO.
Primary Use of Account		CREDIT LIMIT REQUESTED	\$

Accommodation Credit: Accounts are set up as Net 30 days. Interest will be charged on the last day of the month following date of purchase.
IE: Purchased in June, interest will be charged last day of July.
 Interest charged on over due accounts is 24% per annum calculated at 2% per month compounded (26.8% effective rate)
 Credit privileges are suspended once the account is over 90 days old.

RETURNED CHEQUES

There is a \$50.00 charge for each returned cheque.

AGREEMENT

The undersigned consents to the obtaining of such information as the Co-operative above may require at any time in connection with the privileges hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

I, the undersigned, hereby certify the above information to be true and if this application is accepted, I agree to abide by the credit and cheque cashing policy of the Turtleford & District Co-op and pay interest on overdue accounts as stated.

I, the undersigned, agree that the Association shall have a lien on any equity I may at any time have in the association, including all my shares and all funds arising from patronage refunds for all monies at any time owing by me to the association, including all collection costs and legal fees.

The Co-operative reserves the right to register a security interest in all present and after acquired property of the account holder.

Dated at Turtleford in the province of Saskatchewan this _____ day of _____, 20_____

OFFICE USE ONLY	
Approved Authorization: _____	_____
Limit Assigned: _____	_____
# of Cards: _____ Date: _____	_____

Applicant Signature

Co-Applicant's Signature