

You're at home here.



Turtleford & District

P.O. Box 40, Turtleford, SK, S0M 2Y0

Email: turtlefordcoop@sasktel.net

Administration Office 306-845-2222 ph

Home & Agro Center 306-845-2162 ph

Grocery Store 306-845-2020 ph

Maidstone 306-893-1222 ph

Website: www.turtlefordco-op.crs

### Bank Credit Reference Form

#### To be completed by the Customer

Name:

Co-op Number:

Account Number:

Branch ID:

I am authorizing the bank to release information about our accounts, loans, and payment history to Turtleford & District Co-op solely for the purposes of establishing a Personal Charge Account. This information is to be kept strictly confidential.

Signature:

Date:

#### To be completed by the Bank

Date Account Open:  No Record  Account Closed  Under 1 YR  1 - 3 YRS  Over 3 YRS

Operating Loans:

Authorized:

Outstanding:

Secured

Low

4

7

Low

3

6

Unsecured

Medium

5

8

Medium

4

7

High

6

High

5

8

Loans - Aggregate:

Authorized:

Outstanding:

Secured

Low

4

7

Low

3

6

Unsecured

Medium

5

8

Medium

4

7

High

6

High

5

8

Repayment:

Previous (31-365 Days)

Current (Last 30 Days)

As Agreed  Yes  No

As Agreed  Yes  No

Deposit Account - Aggregate: Spot Balance (Figures)

NSF Activity (Last 3 Months)

Low

3

6

No Record

Medium

4

7

Less than 3

High

5

8

3 or More

Comments:

Authorized Officer:

Date: