



Turtleford & District Co-op
Box 40 • Turtleford, Saskatchewan S0M 2Y0
 Phone: 306-845-2162 • Fax: 306-845-2488
 Email: turtlefordcoop@sasktel.net • www.turtlefordcoop.com

CO-OP NUMBER

COMMERCIAL / CORPORATE FARM CREDIT APPLICATION

Corporation (Corp.) Incorporated (Inc.), Limited (Ltd.), Limited Liability Company (LLC)

Firm Legal Name: _____

Business Address: _____
Street Address City Province Postal Code

Phone: _____ Fax: _____

Cell: _____ Email: _____

Federal Business # _____ Fuel Tax Exemption# _____

LIST OF DIRECTORS OR PARTNERS

NAME	ADDRESS	POSITION	PHONE

Type of Business: _____

Bank: _____ Phone: _____

CREDIT REFERENCES:

1. _____ Phone: _____

2. _____ Phone: _____

REQUESTED LIMIT: _____

PRIMARY USE OF ACCOUNT: _____

REPRESENTATION FOR CREDIT

I certify that the above information is true and, if this application is accepted, I agree to abide by the credit and cheque cashing policy of Turtleford & District Co-op and pay interest on overdue accounts as stated. ~~I certify that I am entering into this agreement primarily for commercial purposes (that is, not personal, family or household purposes), or for corporate farming purposes.~~

I agree to pay for goods and services supplied upon receipt of account statement when rendered, and further agree to pay interest on unpaid amounts owing on the last day of the month following date of purchase, at a rate of 24% per annum (calculated at a rate of 2% per month compounded, effective annual rate being 26.82%).

I consent to the exchange of account and credit information and personal information from time to time by Turtleford & District Co-op and the credit references provided and to the exchange of credit information with any credit grantor, credit bureau, credit reporting agency, or my employer.

Date: _____

 (Authorized Signature and Title)

 (Authorized Signature and Title)



COMMERCIAL / CORPORATE FARM CREDIT APPLICATION

Continued

PERSONAL GUARANTEE

I hereby agree that:

I shall be personally responsible for payment of all goods and services supplied to the applicant business / company (debtor), and to personally guarantee payment of all amounts owing by the debtor subject to the following:

- a) After demand for payment by the Turtleford & District Co-op, I will pay within 7 days, the full amount of said account.
- b) That this is a continuing guarantee for any and all amounts outstanding from time to time.
- c) This guarantee is given voluntarily.
- d) The Co-operative reserves the right to register a security interest in all present and after acquired property of the account holder.
- e) You shall not be bound to exhaust your recourses against the debtor before being entitled to payment from me hereunder.

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

Witness Signature

Witness - Please Print Name

Witness Signature

Witness - Please Print Name

Applicant Signature

Applicant - Please Print Name

Applicant Signature

Applicant - Please Print Name

FOR OFFICE USE ONLY				
DATE	LIMIT	APPROVAL	CARDLOCK CARDS	SERVICE CARDS

Comments: _____

