



**CONFIDENTIAL FARM / COMMERCIAL ACCOUNT APPLICATION**

\*Identity:  Corporation  Limited  Co-operative  Subsidiary  Partnership  Proprietorship

**PLEASE PRINT** \* Denotes required information (INCOMPLETE OR ILLEGIBLE INFORMATION WILL DELAY PROCESSING)

\*Full Legal Name of Farm / Business: \_\_\_\_\_

\*Farm / Business Location (Urban): \_\_\_\_\_

P.O. BOX STREET NAME AND # TOWN POSTAL CODE

(Rural): \_\_\_\_\_

\*Land & Buildings: Owned  \*Legally Registered to: \_\_\_\_\_

Rented  \*Name of Landlord: \_\_\_\_\_

\*Equipment: Owned  Leased  \*If leased from whom \_\_\_\_\_

Nature of Business: \_\_\_\_\_

\*Date Business Established: \_\_\_\_\_ Phone #: \_\_\_\_\_

Total Acres: \_\_\_\_\_ Acres Owned: \_\_\_\_\_ Acres Rented: \_\_\_\_\_

*Officers/Partners (Full Legal Name)	Title	*Date of Birth (DD/MM/YYYY)	*Phone #
*1. _____	_____	_____	_____
*2. _____	_____	_____	_____
*3. _____	_____	_____	_____
*4. _____	_____	_____	_____

\*Farm / Business #: \_\_\_\_\_ Grower Pest Lic. #: \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

\*Bank: \_\_\_\_\_ \*Branch: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

Most Recent Financial Statements:  Attached  Available on Request

*Trade References/Suppliers	*Phone #	Fax #
1. _____	_____	_____
2. _____	_____	_____

\*PURPOSE:  STORE  GAS BAR/CARDLOCK  PROPANE AMOUNT OF CREDIT REQUIRED: \$ \_\_\_\_\_  
 BULK FUEL  CROP INPUTS  FEED

**THE UNDERSIGNED UNDERSTANDS THAT A ONE TIME NON-REFUNDABLE LIFETIME MEMBERSHIP FEE OF \$10.00 PLUS APPLICABLE TAXES WILL BE CHARGED TO MY NORTH WELLINGTON CO-OPERATIVE SERVICES INC. ACCOUNT WHEN APPLICATION IS APPROVED.**

**THE UNDERSIGNED ALSO UNDERSTANDS THAT ALL PURCHASES ARE DUE AND PAYABLE IN FULL NO LATER THAN THE 20TH OF THE MONTH FOLLOWING PURCHASE.**

**THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AFFIRMS THAT ANY CREDIT GIVEN TO ME IS EXTENDED ON THE BASIS OF SUCH INFORMATION.**

The undersigned consents to the obtaining of credit and / or personal information as may be required at any time in connection with the credit 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.

**THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT I HAVE BEEN INFORMED OF YOUR PREVAILING TERMS FOR REPAYMENT AND AGREE TO PAY AN INTEREST CHARGE OF 2% PER MONTH (26.81% PER ANNUM) ON ANY OVERDUE BALANCE UNTIL PAID.**

\*Date: \_\_\_\_\_ \*Authorized Signature(s): \_\_\_\_\_

\*Print Name(s): \_\_\_\_\_

\*Title(s): \_\_\_\_\_