



**CONFIDENTIAL CONSUMER GENERAL ACCOUNT APPLICATION**

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

\* Applicant Full Legal Name: \_\_\_\_\_ \* Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
LAST FIRST MIDDLE DD MM YYYY

\* Full Legal Name (Co-applicant): \_\_\_\_\_ \* Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
LAST FIRST MIDDLE DD MM YYYY

\* Account to be Established:  in applicant name only  joint account (applicant & co-applicant - **both signatures required**)

\* Telephone: \* Home: ( ) Business: ( ) Cell: ( )

\* Mailing Address: \_\_\_\_\_

\* Delivery Address: \_\_\_\_\_  
911 # ROAD NAME RR # TOWN POSTAL CODE

\* Own  Rent  Landlord \_\_\_\_\_ Phone \_\_\_\_\_

\* Previous Address (If less than 3 years) \_\_\_\_\_

\* Current Employer (Applicant): \_\_\_\_\_

ADDRESS POSITION HOW LONG?

\* Current Employer (Co-applicant): \_\_\_\_\_

ADDRESS POSITION HOW LONG?

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

**CREDIT REFERENCE:**

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

\* 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 \_\_\_\_\_

\* Applicant Signature \_\_\_\_\_

\* Co-applicant Signature \_\_\_\_\_