

# CREDIT APPLICATION-PERSONAL

PRAIRIE NORTH CO-OPERATIVE LIMITED

BOX 1450, MELFORT, SK S0E 1A0

PHONE: (306) 752-9381

FAX: (306) 752-5166

Please Print

DATE:	CO-OP #	CREDIT LIMIT REQUESTED	
LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	WORK TELEPHONE		
SPOUSE'S NAME	CELLULAR TELEPHONE		
Comments:			
EMPLOYEE NAME			

## 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 policy of the Prairie North Co-operative Limited. The Co-operative shall issue regular monthly statements current to the last day of each month. Terms are net 30 and accounts are due as of the statement date. Interest at the rate of 2.0% per month (24 % per annum) will be charged, commencing the first day after the statement due date.

I, the undersigned, hereby agree that the Association shall have a lien on any equity I may at any time have in the Co-operative, including all my shares and all funds arising from patronage refunds for all monies at any time owing by me to the Co-operative, including all collection costs and legal fees. The Co-operative reserves the right to register a security interest in all present and after-acquired personal property of the account holder.

Administration use only
DATE APPROVED / DECLINED: _____
LIMIT ASSIGNED: _____
COMPLETED BY: _____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature