

HURON BAY CO-OPERATIVE INC.
REQUEST TO ADJUST CREDIT LIMIT

Customer Number:	Date:	Branch:
Main Applicants: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>		
Main Applicant Name:		
Company Main Applicant Name:		
Partnership Main Applicant Name:		
Current Credit Limit:	Requested Credit Limit:	
Date of Birth:	Email Address:	Phone Number:

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AFFIRMS THAT ANY CREDIT GIVEN TO ME IS EXTENDED UPON THE BASIS OF SUCH INFORMATION . The undersigned consents to the obtaining of credit and/or personal information 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 agrees to pay a monthly credit charge composed of interest only at the rate of 2 .25% per month (27% per annum nominal) compounded monthly on any overdue balance . Huron Bay Co - operative Inc. may upon at least one month s notice to the customer cancel this agreement or vary the terms hereof and the customer shall remain responsible for all indebtedness. Continued use of this charge account by the customer following notification that the terms hereof have been varied will be deemed acceptance by the customer of such new terms as of the effective date mentioned in the notice both with respect to indebtedne ss incurred subsequent to such date and unpaid indebtedness at such date. The undersigned agrees that any payments are to be applied firstly on account of carrying charges and secondly on account of the purchase price of merchandise in order of purchase.

Signature of applicant:	Date
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Signature of co-applicant (if applicable):	Date
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