



Auburn • Belgrave • Chesley • Dundalk • Markdale • Mildmay
• Owen Sound • Teeswater • Walkerton • Wiarton

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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):			
911 #	ROAD NAME	RR #	TOWN
			POSTAL CODE

*Email Address: _____ Please check if you would like to receive promotional emails

*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 #
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*1. _____

*2. _____

*Farm / Business #: _____ Grower Pest Lic. #: _____ Exp ____/____

*Bank: _____ *Branch: _____ *Phone #: _____

Most Recent Financial Statements: Attached Available on Request

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

2. _____

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

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 2.25% PER MONTH (27% PER ANNUM) ON ANY OVERDUE BALANCE UNTIL PAID.

*Date: _____ *Authorized Signature(s): _____

*Print Name(s): _____

*Title(s): _____