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COMMERCIAL CREDIT APPLICATION

Discovery Co-operative Ltd.

1301- 9800 Territorial Drive, North Battleford SK S9A 3W6

Phone: (306) 445-9800 Fax: (306) 445-6011

Email: administration@discoverycoop.com

LEGAL NAME _____ MEMBERSHIP # _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____ FAX NUMBER _____

Canada's anti-spam law came into effect July 1, 2014. We would like to ensure we have your consent to send you information by email. Currently, we are able to email cardlock invoices only. To have the cardlock invoices emailed, please print below your email address and initial.

EMAIL _____ INITIALS _____

TYPE OF BUSINESS

PROPRIETORSHIP

PARTNERSHIP

LIMITED COMPANY

CO-OP

OTHER _____

ACCOUNTS PAYABLE _____ PHONE _____

CO-APPLICANT #1 (Please sign on reverse)

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

SOCIAL INSURANCE # _____ DATE OF BIRTH (MM/DD/YYYY) _____

CO-APPLICANT #2 (Please sign on reverse)

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

SOCIAL INSURANCE # _____ DATE OF BIRTH (MM/DD/YYYY) _____

CORPORATE INFORMATION

TYPE OF BUSINESS _____ GST # _____
FINANCIAL INSTITUTION _____ PHONE # _____
ACCOUNT MANAGER _____ PHONE # _____

TRADE REFERENCES

PHONE # _____

PHONE # _____

PHONE # _____

CURRENT CREDIT LIMIT (If Applicable) \$

AMOUNT OF CREDIT REQUESTED \$

DEPARTMENTS CREDIT REQUESTED AT: (Check all that apply)

AGRO **CARDLOCK** **HOME CENTRE** **BULK PROPANE** **BULK PETROLEUM** **FARM SUPPLY**

CHARGING PRIVILEGES NOT ACCEPTED AT: **GROCERY, PHARMACY OR C-STORES**

CREDIT POLICY

Accommodation Credit: Accounts are due and payable when rendered. Interest at a rate of 24% per annum will be charged on the last day of the month following date of purchase (i.e., purchased in June; interest will be charged the last day of July).

Returned Cheques: There is a \$25.00 charge for each returned cheque. Any member who has 2 cheques returned in each of 2 consecutive months may have his/her cheque cashing privileges suspended.

AGREEMENT

The undersigned consents to the obtaining of such information as the Co-operative 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 and if this application is accepted, I agree to abide by the credit and cheque cashing policy of Discovery Co-operative Ltd and pay any interest accrued on overdue accounts as stated.

Dated this _____ day of _____, 20____ at North Battleford in the province of Saskatchewan.

Applicant Signature

Title

Co-applicant Signature

Title

Co-applicant Signature

Title