

# Consumer/Non-Corporate Farm Credit Application

PATRONAGE NUMBER

Applicant's Name \_\_\_\_\_ Home Phone No. ( ) \_\_\_\_\_  
 Social Insurance No.(OPTIONAL) \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_  Own  Rent  Other \_\_\_\_\_  
 Address (if P.O. Box Street Address as well) \_\_\_\_\_  
 City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ How Long? \_\_\_\_\_ Yrs.  
 Former Address  
 (If less than one year) \_\_\_\_\_ Postal Code \_\_\_\_\_

Co-applicant's Name \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance No.(OPTIONAL) \_\_\_\_\_ Relationship  
 Spouse  Other

Applicant's Employer  
 or Source of Income \_\_\_\_\_ Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_ Business Phone No. ( ) \_\_\_\_\_ How Long? \_\_\_\_\_ Yrs.  
 Previous Employer (If less than two years with current employer) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ How Long? \_\_\_\_\_ Yrs.

Co-applicant's Employer  
 or Source of Income \_\_\_\_\_ Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_ Business Phone No. ( ) \_\_\_\_\_ How Long? \_\_\_\_\_ Yrs.

Name of Bank, Credit Union  
 or Finance Company \_\_\_\_\_ Branch Address \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_ Type of Account  Chequing  Savings  Other \_\_\_\_\_ Account No. \_\_\_\_\_  
 If Joint Account – Names on Account \_\_\_\_\_

Other Loan or Finance  
 Company Reference \_\_\_\_\_ Branch Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Credit/Charge Cards? (Banks, Department Stores, Oil Co., etc.) No  Yes  If yes, list below:  

Name	Address	Amount Owing	Account No.
_____	_____	_____	_____
_____	_____	_____	_____

Previous Co-op Account?  No  Yes When \_\_\_\_\_ Patronage No. \_\_\_\_\_

Have you been discharged from bankruptcy in the last 6 years? No  Yes

CREDIT LIMIT REQUESTED \$ \_\_\_\_\_

## Please Read, Date And Sign

I/We Certify that the above information is true. I/We certify that I am/we are entering into this credit agreement primarily for personal, family, household or non-corporate farming purposes. I am/We are at least the minimum adult age. I/We understand the Co-op may accept or reject this application. If this credit application is accepted, I am/We are bound by the Co-op's Consumer/Non-Corporate Farm Credit Agreement and Statement of Disclosure and any amendments or replacements which the Co-op sends me. I/We have retained a copy of the Consumer/Non-Corporate Farm Credit Agreement and Statement of Disclosure. If the Co-op has service cards, I request a Co-op service card to be issued to me and to the co-applicant set out below. Where a co-applicant signs this application with me, we acknowledge that the terms of this application and all consents given in it bind both of us. We agree to be jointly and individually liable, which means we are liable both individually and together for all amounts charged to the account.

**I/We consent to the exchange of account and credit information and personal information from time to time by the Co-op and the financial references provided and to the exchange of credit information with any credit grantor, credit bureau, credit reporting agency, or my/our employer(s).**

DATE: \_\_\_\_\_  
 MM DD YY

Service Card  
 for co-applicants  
 YES

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

NO

Co-applicant's Signature \_\_\_\_\_

Saskatoon Co-Operative Association Limited  
311 Circle Drive W  
Saskatoon SK S7L 7C6  
Phone #: 933-3812/11 Fax #: 385-3400  
**Application for 6 PAYMENTS-NO INTEREST PLAN**

Name \_\_\_\_\_ Co-op # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
SIN # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SIN # \_\_\_\_\_

Occupation \_\_\_\_\_ Salary \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_  
Employer \_\_\_\_\_ How Long \_\_\_\_\_  
Co-Applicant's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
How Long \_\_\_\_\_ Monthly Earnings \$ \_\_\_\_\_

For a period of 6 months  
Total amount to be financed \_\_\_\_\_  
Monthly installment of \$ \_\_\_\_\_  
Commencing \_\_\_\_\_

Interest payable at 24% per annum, 2% per month on arrears  
Application taken by \_\_\_\_\_ Location \_\_\_\_\_

I/we certify the above information to be true and correct, and hereby agree by signing below to the obtaining of such information as the Saskatoon Co-operative Association Ltd may require from any credit reporting agency or any person in connection with the credit hereby applied for and agree consent to the disclosure of any information concerning me/us to any credit reporting agency or any person with whom I/we have or may have financial relations.

**If I/we make default in payment of any of the installments or in observing the terms of this agreement, the whole amount shall at once become due and payable.  
Only (1)one No Interest Plan can be active at a time.**

On all installments overdue and unpaid, I/we agree to pay interest from the date of default calculated each month, as well as all legal and collection costs incurred.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

Credit Department Only: Approved by \_\_\_\_\_ Date \_\_\_\_\_