

## RETAIL CREDIT APPLICATION

**IDENTIFICATION (To verify creditworthiness) Please Print - (All information will be kept confidential)**

Name		Spouse's Name		Co-op Account Number	
Address				Home Phone	
City/Town		Postal Code		Business Phone	
Former Address - (if less than one year)				Postal Code	
Month		Day		Year	
Date of Birth		Social Insurance Number			

**EMPLOYMENT INFORMATION**

Trade Name/Business Name (if different from above)										
Present Employer or Occupation				How Long?						
Address		Phone		Annual Income						
Spouse's Employer				How Long?						
Address		Phone		Annual Income						
<b>Property:</b> Owned _____ Rented _____	<b>Legal Description</b>	Quarter	Section	Township	Range	R.L./O.T.M.	Lot	Block	Plan	Land Title Office
		City, Town Village			R.M./L.G.D.of			Perish of		

**ACCOUNT TYPE**

Gas Bar _____, Bulk Fuels _____, Heating Oil _____, Bulk Propane _____, Cardlock _____, Total Yearly Amount \$ _____
<b>Amount of Credit Requested (Based on two months' normal purchases).</b> \$ _____

**REFERENCES**

<b>Name of Financial Institution</b>	<b>Address</b>	<b>Telephone ( )</b>
		<b>Fax No. ( )</b>

**Personal References**

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Telephone ( )</b>
			<b>Work No. ( )</b>
<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Telephone ( )</b>
			<b>Work No. ( )</b>

**TRADE REFERENCES**

<b>Firm Name</b>	<b>Address</b>	<b>Telephone ( )</b>
		<b>Fax No. ( )</b>
<b>Firm Name</b>	<b>Address</b>	<b>Telephone ( )</b>
		<b>Fax No. ( )</b>

Are There Any Legal Actions Pending Against You?  YES  NO, Have You Ever Gone Through Bankruptcy?  YES  NO

**Payment Terms:**

I/We understand that purchases made during a calendar month on this Co-op account are PAYABLE IN FULL by the 25th day of the following month. On any amount that is not paid by the 25th of the month, I/We agree to pay a service charge of 24% per annum (2% per month) calculated monthly and added to the account until the account has been paid for in full or current within the terms arranged. These charges will apply until collected, before and after a judgement has been filed. I/We shall be responsible for collection costs incurred in recovering the amount of my/our unpaid account. I/We assume full responsibility for all purchases made on this account including: **(a) all interest charges; (b) all charges and purchases made in excess of the credit limit; and (c) all charges and purchases made by any individual who has actual or apparent authority to use this account.** I/We hereby apply for a charge account with the Co-op, subject to the terms outlined above. I/We certify the above information to be true and correct and hereby agree by signing below that Clearview Consumers Co-op Ltd. may make such investigations of my/our credit standings as are deemed necessary at any time, including obtaining other reports containing factual and credit information in conjunction with this application and also may exchange of credit information with any credit reporting agency, credit bureau or any person or corporation with whom I/We have or propose to have financial relations.

**Initial:** \_\_\_\_\_

Date	Authorized Signature	Please Print Name	Title
Date	Authorized Signature	Please Print Name	Title

Statement Method:  Mail  Email Address: .

<b>OFFICE USE ONLY</b>	
<b>Credit Approved / Denied</b>	<b>By: _____ Date: _____</b>