

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						
Property:	Owned	<input type="checkbox"/>	Legal Description	Quarter	Section	Township	Range	R.L./O.T.M.	Lot	Block	Plan	Land Title Office
	Rented	<input type="checkbox"/>		City, Town Village			R.M./L.G.D. of			Perish of		

ACCOUNT TYPE

Gas Bar	<input type="checkbox"/>	Bulk Fuels	<input type="checkbox"/>	Heating Oil	<input type="checkbox"/>	Bulk Propane	<input type="checkbox"/>	Cardlock	<input type="checkbox"/>	Agro	<input type="checkbox"/>	Total Yearly Amount \$	_____
Amount of Credit Requested (Based on two months' normal purchases).												\$	_____

REFERENCES

Name of Financial Institution	Address	Telephone ()
		Fax No. ()

PERSONAL REFERENCES

Name	Relationship	Address	Telephone ()
			Work No. ()
Name	Relationship	Address	Telephone ()
			Work No. ()

TRADE REFERENCES

Firm Name	Address	Telephone ()
		Fax No. ()
Firm Name	Address	Telephone ()
		Fax No. ()

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 Email Address: _____

OFFICE USE ONLY

Credit Approved / Denied By: _____ Date: _____