

BULYEA CO-OP

Consumer/Non-Corporate Farm Credit Application

Patronage Number

Applicant's Name _____
 Home Phone No. _____ Cell Phone No. _____
 Social Insurance No. _____ Birthdate (MM/DD/YY) _____
 Email address _____

Address (if P.O. Box, Street Address as well) _____ Own Rent Other _____

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. _____ Telephone No. _____
 _____ / _____ / _____
 Spouse Other State if Other _____

Applicant's Employer or Source of Income
 Address _____ City / Town _____ Postal Code _____
 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 _____ City / Town _____ Postal Code _____
 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.

Trade References - other charge accounts / fuel accounts
 Business Name Address Telephone No. Acc
 a) _____
 b) _____
 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 \$ (based on 2 months normal purchases)	# of cardlock cards requested	This charge account will be used for? <small>Example: Personal, Sole Proprietorship (business)</small>
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COMPLETE THIS PORTION FOR NON-CORPORATE FARM USE

Legal Description of Land	Section(s) Meridian	Township	Range	West of
How long have you farmed?			Acres Farmed	
A Location of Livestock				
Is Livestock Financed by Third Party?		If So Who?	Number and Type of Livestock	
Processor		Hatchery	Quota	
R Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Name of Mortgage Co. <input type="checkbox"/> or Landlord			
O Name of Insurance Company and Agent				
Other Current or Previous Accounts				

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

NO

Applicant's Signature

Co-applicant's Signature