



Riverbend Co-operative Ltd.

P.O. Box 69
Outlook, Saskatchewan, Canada
S0L2N0
Telephone: 1(306) 867-8614
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Member Owned – Truly Canadian

Riverbend

Personal Credit Application

Patronage Number

Name	Date of Birth	Social Insurance Number
Address	Home Phone	
Postal Code	Business Phone	
Former Address (if less than 1 year)	Cell Phone	
Previous Account with us? No____ Yes____ How long ago?		

Spouse's Name	Spouse's Date of Birth	Spouse's Social Insurance Number
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Present Employer	How Long?
Address	
Previous Employer	How Long?
Address	

Name of Bank, Credit Union or Finance Company	Type of Account
Address	

AGRO **COMPLETE THIS PORTION ONLY FOR FARM USE**

Legal Description of Land	Section(s)	Township	Range	West of	Meridian
Location of Livestock					
Is Livestock Financed by Third Party?	If so, Who?		Number and Type of Livestock		
Owner _____	Name of Mortgage Co.		Tenant _____	Name of Landlord	
Other Current or Previous Accounts					

OVER →

Please Read, Date and Sign

I/we understand that purchases made during a calendar month of this Co-op account are payable in full by **the last day the following month**. On any amount that is not paid, I/we agree to pay a service charge of **24%** per annum (**2.0%** per month) calculated monthly and added to the account until the account has been paid in full or made current within the terms arranged and I/we shall be responsible for collection costs incurred in recovering the full amount of my unpaid account. Any payments on this account which do not pay the account in full will be applied firstly, to pay service charges and secondly, to reduce the principal outstanding.

The issue to me/us of my Co-op account shall constitute an agreement on the Co-op's part to extend credit to me on the above terms, which may be amended from time to time and arranged limit.

I/we will be responsible for all goods or services charged to my/our account until I/we have notified the Co-op Credit Department in writing

I/we hereby apply for credit with the Co-op, subject to the terms outlined above with a \$ _____ credit limit.

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 Co-op may require from any credit reporting agency or any person with whom I/we have or may have financial relations. I/we assume full responsibility for all purchases.

DATE: _____
MM DD YY

Signature(s) _____

Witness's Signature



**Lifetime
Membership
Benefits**