



Riverbend Co-operative Ltd.

P.O. Box 69
Outlook, Saskatchewan, Canada
S0L2N0
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Member Owned – Truly Canadian

Riverbend

Commercial & Corporate Farm Application

Patronage Number

1. IDENTIFICATION

Name of Applicant Telephone Fax
Name of Partner Telephone Fax
Trade Name/Business Name
Address
City/Town Province Postal Code

2. BUSINESS INFORMATION

Nature of Business GST # PST#
Corporation Partnership Sole Proprietorship other
Length of Time in Business Years Incorporation Date # of Employees
Accounts Payable Contact Telephone
If a Subsidiary, Branch or Division, please state Parent Corporation:
Name Telephone Fax
Address
Postal Code City/Town Province
Financial Statements for the Year Ending Prepared. Will Provide Copy (Yes) (No) (Attached)

Financial Information provided will be held in strict confidence and used for credit purposes only.

Table with 4 columns: Officers, Partners or Owner's Name, Title, Home Address (Partners or Owner), Birth Date (MM/DD/YY)

3. REFERENCES

Financial Institution Account Manager
Address Account # Telephone
Current Trade Supplier Name Address Telephone

4. COMPLETE THIS PORTION FOR CORPORATE FARM USE

Legal Description of Land - Section(s) Township Range West of Meridian
How long have you farmed Acres Farmed
Is Livestock Financed by 3rd Party If so, who? # of Livestock
(Owner) (Tenant) Mortgage Company
Name of Insurance Agent

5. ACCOUNT INFORMATION

Estimated Monthly Co-op Purchases \$ Credit Limit Desired \$

OVER ->

Please Read, Date and Sign

I/we certify that the above information is true. I/we certify that I/we are entering into this credit agreement primarily for commercial purposes (that is, not personal, family, or household purposes), or for 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 Commercial/Corporate Farm Credit Agreement and Statement of Disclosure. Where a partner 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. If this application is made by a corporation, each of the above statements is considered to be made by an authorized person on behalf of the corporation with all necessary grammatical changes.

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.

I/We/the Corporation consent(s) 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 credit grantor, credit bureau, credit reporting agency, or my/our employer(s)

DATE: _____
 MM DD YY

Corporate Applicant's Name

Individual Applicant's Signature

By: _____
Signature

Partner's Signature (if applicable)

Title



**Lifetime
Membership
Benefits**