

COMMERCIAL CREDIT APPLICATION

IDENTIFICATION (To verify Creditworthiness)		Please Print - (All information will be kept confidential)												
Business Name			Co-op Account Number											
Address		Phone Number		Fax Number										
City/Town		Postal Code		P. S. T. Number										
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		

COMPANY INFORMATION					
Nature of Business		Annual Sales \$			
Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>			
Name Affiliated/Associated Companies		Length of Time in Business			
Name Affiliated/Associated Companies					
Name Company Officers, Partners, or Proprietors		Title	Home Address	Birth Date	S.I.N.

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. ()
Previous/Other Financial Institution	Address	Telephone () Fax No. ()

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

CURRENT FUEL SUPPLIER		
Firm Name	Address	Telephone () Fax No. ()
Account Number	Local _____	National _____

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.

Personal Guarantee: _____ **Initial:** _____
 *By signing this application I/We agree that, if the business is incorporated, I/We guarantee, and are personally responsible for, repayment of the business customer's obligations to Clearview Consumers Co-op Ltd. arising under this application (if approved). This includes any personal shares I/We have with Clearview Co-op which could be applied to this account. The guarantor also agrees to be bound by the conditions and terms set forth in the Payment Terms and Conditions of this agreement, and that a personal credit report may be pulled by Clearview Co-op if needed.

Date	Authorized Signature	Please Print Name	Title
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: _____