

# Consumer/Non-Corporate Farm Credit Application

Patronage Number \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
 ( ) \_\_\_\_\_

Social Insurance No. (Optional) \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_  
 Own  Rent Other \_\_\_\_\_

Address (if P.O. Box Street Address as well) \_\_\_\_\_

email: \_\_\_\_\_

City / Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 How Long? \_\_\_\_\_ Yrs.

Former Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 (If less than one year)

Co-applicant's Name \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_\_ Social Insurance No. (Optional) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Spouse  Other

Applicant's Employer or Source of Income \_\_\_\_\_ Address \_\_\_\_\_

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 \_\_\_\_\_

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.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 \$ _____	# of charge cards requested _____	# of cardlock cards requested _____
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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
<b>A</b>	Location of Livestock				
	Is Livestock Financed by Third Party?		If So Who?		Number and Type of Livestock
<b>G</b>	Processor		Hatchery		Quota
	Owner <input type="checkbox"/>	Name of Mortgage Co.			
<b>R</b>	Tenant <input type="checkbox"/> or Landlord <input type="checkbox"/>				
	Name of Insurance Company and Agent				
<b>O</b>	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: \_\_\_\_\_ Service Card  
MM DD YY for co-applicants

YES

NO

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-applicant's Signature