Consumer / Non-Corporat	PATRONAGE NUMB	ER						
1. APPLICANT INFORMATION								
Applicant's Name				Phone No.				
Social Insurance Number (optional)				Birth Date	-			
Address (if P.O. box, provide str	eet address as	s well)						
_	City/Town	,	Province		Postal Code			
How long? years.	Former Address	s (if less	than one yea	ar)				
 Email				· ·				
Applicant's Employer or Source of Income								
Address	- City/Town		Province		Postal Code			
Occupation	 Annual Income		Busin	ess Phone No.				
How long? years.								
2. CO-APPLICANT INFORMATION								
Co-applicant's Name				Relationship				
Social Insurance Number (optional)				Birth Date				
Co-applicant's Employer or Source	of Income							
Address	City/Town		Province		Postal Code			
Occupation	Annual Income		Busin	ess Phone No.				
How long? years.								
3. FINANCIAL INFORMATION								
Name of Bank, Credit Union, or Finance	e Company			Phone No.				
Address	City/Town		Province		Postal Code			
Type of Account Chequing	Saving	Other		Account No.				
If Joint Account - Names on Accoun	nt:							
Other Loan or Finance:								
Company	Address			Phone No.				
Credit/Charge Cards? (Banks, Depa:	rtment Stores	Oil Co	etc)	□ NO	YES If yes, li	st		
ereare/energe eards. (banks, bepa.	rement beores,	, 011 00.	, ecc.,		below:			
Name		Address		Amount Owing	Account No.			
Have you been discharged from bankrupt	tcy in the last	6 years?	NO	YES				
4. COMPLETE THIS PORTION FOR I		E FARM U						
Legal Description of Land How long have you farmed?	Section(s)		Township Acres Farme		Range West o	ΣĬ		
Is livestock financed by third par	rty? If so, nu	umber and						
Type of Livestock								
Owner Tenant	Name of Mort	gage Co.	or Landlord	i				
Name of Insurance Co. & Agent								
5. ACCOUNT INFORMATION								
Credit Limit Desired \$			-	op Purchases \$				
No. of Charge Cards Requested		Type o	of Purchases					

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	
SIGN	X	SIGN :	X
	Individual Applicant's	Signature	Co-applicant's Signature (if applicable)

PLEASE RETAIN STATEMENT OF DISCLOSURE FOR YOUR INFORMATION AND TERMS OF THIS CREDIT AGREEMENT. CALL 306-791-9312 FOR FURTHER CLARIFICATION OR EMAIL CREDIT@SHERWOODCO-OP.COM.