



Legacy

LEGACY CO-OPERATIVE ASSOCIATION LIMITED

COMMERCIAL / CORPORATE / FARM CREDIT APPLICATION

1. IDENTIFICATION

Name of Applicant _____ Telephone No. () _____ CO-OP _____

Name of Partner _____ Telephone No. () _____ CO-OP _____

Trade Name / Business Name (If different from above) _____ Fax No. _____

Address (If P.O. Box, Provide Street Address as Well) _____

City / Town _____ Province _____ Postal Code _____ E-mail _____

2. BUSINESS INFORMATION

Nature of Business _____ GST No. _____ PST No. _____

Check One Box Corporation Partnership Sole Proprietorship Other (Specify) _____

Length of Time in Business _____ Years Incorporation Date _____ No. of Employees _____

Accounts Payable Contact _____ Telephone No. () _____

If a Subsidiary, Branch or Division, Please State Parent Corporation

Name _____ Telephone No. () _____ Fax No. () _____

Address _____

City / Town _____ Province _____ Postal Code _____

Financial Statements for the Year of _____ Prepared. Will Provide Copy YES NO ATTACHED

Financial Information Provided Will Be Held in Strictest Confidence and Used for Credit Purposes Only.

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 No. _____ Telephone No. () _____

Current Trade Suppliers Name	Address	Telephone No.
_____	_____	() _____
_____	_____	() _____

Current Trade Suppliers Name	Address	Telephone No.
_____	_____	() _____
_____	_____	() _____

Are there any legal actions pending against you or your partner(s)? YES NO

Have you or your partner(s) been discharged from bankruptcy in the last 6 years? YES NO



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4. COMPLETE THIS PORTION FOR FARM USE

A	Legal Description of Land	Section(s)	Township	Range	West of	Meridian
	How long have you farmed?		Acres Farmed			
G	Is Livestock Financed by Third Party?	If So Who?	Number and Type of Livestock			
	Owner	<input type="checkbox"/>	Name of Mortgage Co. or Landlord			
R	Tenant	<input type="checkbox"/>				
	Name of Insurance Company and Agent					
5. ACCOUNT INFORMATION			Credit Limit Desired \$	No. of Cardlock Cards Requested		
Estimated Monthly Co-op 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 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 Credit Policy and any amendments or replacements which the Co-op sends me. I/We have retained a copy of the Commercial/ Corporate / Farm Credit Agreement and Credit Policy. If the Co-op has service cards, I request a Co-op service card to be issued to me and to the partner set out below. 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/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 any credit grantor, credit bureau, credit reporting agency, or my/our employer(s).

Signing by Individual Applicants

X _____ Card for Partner

Yes

X _____

No

Partner's Signature (if applicable)

Date _____

Signing by Corporate Applicant

_____ Corporate Applicant's Name

By: _____

Title _____

X _____

Signature