



Legacy

LEGACY CO-OPERATIVE ASSOCIATION LIMITED PERSONAL CREDIT AGREEMENT

PERSONAL INFORMATION

Name _____	Spouse _____	Co-op # _____
Address _____		Phone # _____
Email _____	Social Insurance Number _____	
Purpose _____	Limit _____	
Bank and Branch _____	Account Manager _____	Phone Number _____

CREDIT REFERENCES

Business _____	Contact Name _____	Phone Number _____	Amount Owing _____
Occupation _____	Employer _____	Length of Employment _____	

I / We hereby make application for a credit account and, if approved, I / we agree to abide by the terms of this agreement and of the Co-op's credit policy at this date or as amended from time to time. I / We understand that I / we will be notified in advance of any changes in the credit policy. I / We understand that the information supplied in this application is the basis of the Co-op's assessment of my / our credit worthiness. I / We warrant that all such information is true and factual.

I / We authorize a personal investigation and consent to permit the Co-op to obtain any credit or personal reports, both to approve and monitor credit on an ongoing basis and to share and exchange credit information with credit agencies and bureaus.



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PERSONAL CREDIT AGREEMENT

I / We agree as follows:

1. To accept full responsibility for payment of all goods and services purchased by me / us or others authorized to make purchases on my / our behalf.
2. To so control purchases of goods and services by those authorized to purchase that the limit extended will not be exceeded, and to abide by such regulatory procedures as the Co-op may establish from time to time to so control purchases. This undertaking does not in any way limit my / our responsibility for goods purchased that may exceed this limit.
3. To pay the full amount of the account each month before the due date shown on the monthly statement.
4. That any payments made on this account which do not pay the account in full will be applied firstly to pay interest charges and secondly to reduce the principal outstanding.
5. To pay any and all costs and expenses that may be incurred by the Co-op in the collection of any past due portion of any balance owing, including legal fees on a solicitor / client basis.
6. That any credit accommodation afforded under this application shall be binding on my / our executors, administrators and successors.
7. That I / we have received a copy of the Co-op's current credit policy and a schedule setting out the method and rate of interest charges, and that the information in these forms has been explained to me.

Date	
_____	_____
Witness Name	Applicant Name
_____	_____
Witness Signature	Applicant Signature
_____	_____
	Applicant Name

	Applicant Signature
