



**The Delta Co-operative
Association Limited**

P.O. Box 745
Unity, Saskatchewan
S0K 4L0 Canada

Phone: (306) 228-2662
Fax: (306) 228-3499
delta.coop@sasktel.net



Patronage Number

Account Holder's Name		Name	
Address		Phone – Best Number to Contact Applicant	
Postal Code		Phone	
Former Address (if less than 1 year)		Phone	
E-Mail Address	Date of Birth	Social Insurance Number	

Present Employer		How Long?
Address		
Previous Employer(if less than 2 years)		How Long?
Address		

Name of Bank, Credit Union or Finance Company	Type of Account
Address	

AGRO Complete This Portion Only for Farm Use

Legal Description of Land	Section(s)	Township	Range	West of	Meridian
Location of Livestock					
Is Livestock Financed by Third Party?		If so Who?	Number and Type of Livestock		
Owner_____	Name of Mortgage Co.		Tenant_____	Name of Landlord	
Other Current or Previous Accounts					

OVER

I/We understand that purchases made during a calendar month on this Co-op account are payable in full by **the last day of the following month**. On any amount that is not paid, I/We agree to pay a service charge of **24%** per annum, (**2.0%** per month) calculated monthly and added to the account until the account has been paid in full or made current within the terms arranged and I/we shall be responsible for collection costs incurred in recovering the full amount of my unpaid account. Any payments on this account which do not pay the account in full will be applied firstly, to pay service charges and secondly, to reduce the principal outstanding.

The issue to me/us of my Co-op account shall constitute an agreement on the Co-op's part to extend credit to me on the above terms, which may be amended from time to time and arranged limit.

I/we will be responsible for all goods or services charged to my/our account until I/we have notified the Co-op Credit Department in writing.

I/we hereby apply for credit with the Co-op, subject to the terms outlined above with a \$ _____ credit limit.

I/we certify the above information to be true and correct and hereby agree by signing below to the obtaining of such information as the Co-op may require from any credit reporting agency or any person with whom I/we have or may have financial relations. I/we assume full responsibility for all purchases.

The Co-operative reserves the right to register a security interest in all present and after-acquired property of the account holder

Date _____ Signature(s) _____

For Office Use Only

Maximum Credit			
Recommended	Granted	Approvals	Date

Comments _____

