

SHERWOOD CO-OPERATIVE ASSOCIATION LIMITED

ACCOUNT NUMBER

CONSUMER / NON-CORPORATE CREDIT APPLICATION

1. APPLICANT INFORMATION

APPLICANTS NAME: _____ PHONE NO: _____

SOCIAL INSURANCE NO: _____ BIRTH DATE: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

HOW LONG HAVE YOU RESIDED AT THIS ADDRESS: _____ EMAIL : _____

FORMER ADDRESS (IF LESS THAN 1 YEAR): _____

APPLICANTS'S EMPLOYER OR SOURCE OF INCOME: _____

YEARS OF SERVICE: _____ ANNUAL INCOME: _____ OCCUPATION : _____

2. CO-APPLICANT INFORMATION

CO-APPLICANTS NAME: _____ PHONE NO: _____

SOCIAL INSURANCE NO: _____ BIRTH DATE: _____

REALTIONSHIP: _____ EMAIL: _____

CO-APPLICANTS'S EMPLOYER OR SOURCE OF INCOME: _____

YEARS OF SERVICE: _____ ANNUAL INCOME: _____ OCCUPATION : _____

3. FINANCIAL INFORMATION

FINANCIAL INSTITUTION: _____

TYPE OF ACCOUNTS: CHEQUING SAVING OTHER _____

IF JOINT ACCOUNT- NAMES ON ACCOUNT: _____

CREDIT CARDS & LOANS:

INSTITUTION NAME	CREDIT LIMIT	AMOUNT OWING	BALANCE PAST DUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU FILED FOR BANKRUPTCY IN THE LAST 6 YEARS: NO YES

4. ACCOUNT INFORMATION

CREDIT LIMIT REQUIRED: _____ ESTIMATED MONTHLY PURCHASES: _____

NO. OF CHARGE CARDS: _____ TYPES OF PURCHASES: _____ CREDIT TERMS: NET 30 DAYS

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5. COMPLETE THIS PORTION FOR NON-CORPORATE FARM USE ONLY

LEGAL DESCRIPTION OF LAND: _____ SECTION(S): _____ TOWNSHIP: _____

RANGE: _____ HOW LONG HAVE YOU FARMED: _____ ACRES FARMED: _____

IS LIVESTOCK FINANCED BY THIRD PARTY? IF SO THAN WHOM?: _____

TYPE OF LIVESTOCK: _____ OWNER TENANT

NAME OF MORTGAGE COMPANY OR LANDLORD: _____

NAME OF INSURANCE COMPANY: _____

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 atleast 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: _____

SIGN: X _____
 INDIVIDUAL APPLICANT'S SIGNATURE

SIGN: X _____
 CO-APPLICANT'S SIGNATURE (IF APPLICABLE)

PLEASE REFER TO OUR STATEMENT OF DISCLOSURE FOR DETAILED INFORMATION ON THE TERMS OF THIS CREDIT AGREEMENT. FOR FURTHER CLARIFICATION, PLEASE CALL 306-791-9312 OR EMAIL CREDIT@SHERWOOD.CRS