

SHERWOOD CO-OPERATIVE ASSOCIATION LIMITED

ACCOUNT NUMBER

COMMERCIAL / CORPORATE FARM CREDIT APPLICATION

1. IDENTIFICATION

BUSINESS NAME: _____

NAME OF APPLICANT: _____

NAME OF PARTNER (IF APPLICABLE): _____

MAILING ADDRESS: _____

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

PHYSICAL ADDRESS IF DIFFERENT FROM MAILING: _____

PHONE NO: _____ FAX NO: _____

EMAIL: _____

2. BUSINESS INFORMATION

NATURE OF BUSINESS: _____ GST NO: _____ PST NO: _____

CHECK ONE BOX:
CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP OTHER: _____

YEARS OF OPERATION: _____ INCORPORATION DATE: _____

ACCOUNTS PAYABLE CONTACT: _____

A/P EMAIL: _____ A/P PHONE NO: _____

IF A SUBSIDIARY, BRANCH OR DIVISION, PLEASE STATE PARENT CORPORATION:
NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____

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

OWNER'S NAME(S), OFFICERS:	TITLE	HOME ADDRESS	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____

3. REFERENCES

FINANCIAL INSTITUTION: _____

CURRENT TRADE SUPPLIERS	ADDRESS	PHONE NO	ACCOUNT
_____	_____	_____	_____
_____	_____	_____	_____

4. ACCOUNT INFORMATION

CREDIT LIMIT REQUIRED: _____ ESTIMATED MONTHLY PURCHASES: _____

NO. OF CHARGE CARDS REQUIRED: _____ 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 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 Statement of Disclosure 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 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 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).

DATE	PARTNERSHIP-NAME & TITLE (IF APPLICABLE)
CORPORATE APPLICANT'S NAME	PARTNER'S SIGNATURE
TITLE	PARTNERSHIP-NAME & TITLE (IF APPLICABLE)
SIGNATURE	PARTNER'S SIGNATURE

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