

SOUTH COUNTRY CO-OP LTD

Telephone No. (403) 528-6600 Fax (403) 528-2205

CO-OP # _____

Consumer/Non-Corporate Farm Credit Application

Applicant's Name _____ Home Phone No. () _____
Social Insurance No.(optional) _____ Birthdate (MM/DD/YY) ____/____/____ Own Rent Other _____
Address (if P.O. Box Street Address as well) _____
City/Town _____ Province _____ Postal Code _____ How Long? ____ Yrs.
Former Address (If less than one year) _____ Postal Code _____

Applicant's Employer
or Source of Income _____ Address _____
Occupation _____ Annual Income _____ Business Phone No. () _____ How Long? ____ Yrs.
Previous Employer (If less than two years with current employer) _____
Address _____ Phone No. () _____ How Long? ____ Yrs.

Name of Bank, Credit Union or Finance Company _____ Branch Address _____
Telephone No. () _____ Type of Account Chequing Savings Other _____ Account No. _____
If Joint Account — Names on Account _____
Other Loan or Finance Company Reference _____ Branch Address _____
Telephone No. () _____

CREDIT APPLICATION OF \$20,000.00 OR GREATER WILL REQUIRE A LETTER OF CREDIT OR A PERSONAL GUARANTEE
Credit/Charge Cards? (Banks, Department Stores, Oil Co., etc.) No Yes If yes, list below:

Name	Address	Amount Owing	Account No.
_____	_____	_____	_____
_____	_____	_____	_____

Previous Co-op Account? No Yes When _____ Patronage No. _____

Have you been discharged from bankruptcy in the last 6 years? No Yes

CREDIT LIMIT REQUESTED \$ _____

Co-applicant's Name _____ Birthdate (MM/DD/YY) ____/____/____ Social Insurance No. _____ Relationship
 Spouse Other _____

Co-applicant's Employer
or Source of Income _____ Address _____
Occupation _____ Annual Income _____ Business Phone No. () _____ How Long? ____ Yrs.

Please identify what type of charge account you are requesting;

Gas Bars Cardlock/Bulk Fuel Deliveries Agro & Hardware

COMPLETE THIS PORTION FOR CARDLOCK APPLICATIONS

The number of cards with the same pin # _____ Check off the type of fuels required Dyed Fuel Permit # _____

The number of cards with different pin # _____ Regular Gas _____ Clear Diesel _____

Unit # Circle One Yes or No Dyed Gas _____ Dyed Diesel _____

Odometer Circle One Yes or No If you require Dyed Fuels you must list your Permit # on this form

COMPLETE THIS PORTION FOR FARM USE (BULK FUEL DELIVERY AND/OR AGRO PRODUCTS)

Legal Description of Land _____ Section(s) _____ Township _____ Range _____ West of _____ Meridian
How long have you farmed? _____ Acres Farmed _____ Number and Type of Livestock _____
Processor _____ Hatchery _____ Quota _____
Location of Livestock _____
Is Livestock Financed by Third Party? _____ If So Who? _____

Owner Name of Mortgage Co. or Landlord _____
Tenant
Name of Insurance Company and Agent _____

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 at least the minimum adult age. I/We understand the South Country Co-op Ltd. may accept or reject this application. If this credit application is accepted, I am/We are bound by the South Country Co-op Ltd.'s Consumer/Non-Corporate Farm Credit Agreement and Statement of Disclosure and any amendments or replacements which the South Country Co-op Ltd. sends me. I/We have retained a copy of the Consumer/Non-Corporate Farm Credit Agreement and Statement of Disclosure. If the South Country Co-op Ltd. has service cards, I request a South Country Co-op Ltd. 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 South Country Co-op Ltd. 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). I/We consent to the obtaining of this information from any credit reporting agency or any other person as the Community Savings may require at any time in connection with the credit hereby applied for and to the disclosure of any information concerning me/us to any credit reporting agency or to any person(s) with whom I/We agree to indemnify you against and save you harmless from any and all claims in damages or otherwise arising from such disclosure of your part.

Applicant's Signature _____

Co-applicant's Signature _____

DATE: _____
(Month/Day/Year)