



Twin Valley

• Box 419 Rosburn MB R0J 1V0 •

COMMERCIAL CREDIT AGREEMENT

Questions? Phone: 204-859-3299

Completed Forms? credit@twinvalley.crs

MEMBER #	AMOUNT APPLIED FOR: \$
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COMPANY NAME:	
ADDRESS:	TOWN, POSTAL CODE:
PHONE:	EMAIL:

APPLICANT #1 NAME:		BIRTHDATE:
EMAIL:	SIN:	
ADDRESS:	TOWN, POSTAL CODE:	
PHONE:	CELL:	BUS:

APPLICANT #2 NAME:		BIRTHDATE:
EMAIL:	SIN:	
ADDRESS:	TOWN, POSTAL CODE:	
PHONE:	CELL:	BUS:

FINANCIAL INSTITUTION & ADDRESS:	PHONE:
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DO YOU HAVE EXISTING LOANS? YES NO DETAILS:

CREDIT CARDS? LIST NAME AND AMOUNT OWED BELOW:

NAME:	OWED:	NAME:	OWED:
TRADE CREDITORS:			
TRADE CREDITORS:			

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO IF YES, WHEN?

ADDITIONAL DOCUMENTATION AND FINANCIAL INFORMATION MAY BE REQUIRED.

I/WE UNDERSTAND THAT PURCHASES MADE DURING THE CALENDAR MONTH ON THIS CO-OP ACCOUNT ARE PAYABLE IN FULL BY THE 20TH OF THE FOLLOWING MONTH. ON ANY AMOUNT THAT IS NOT PAID BY THE 20TH OF THE FOLLOWING MONTH, I/WE AGREE TO PAY AN INTEREST CHARGE OF NO MORE THAN 24% PER ANNUM (2.0% PER MONTH) CALCULATED AND COMPOUNDED 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 ALL COLLECTION COSTS INCURRED IN RECOVERING THE FULL AMOUNT OF MY UNPAID ACCOUNT. ANY PAYMENTS ON THE ACCOUNT WHICH DO NOT PAY THE ACCOUNT IN FULL WILL BE APPLIED FIRSTLY, TO PAY INTEREST CHARGES AND SECONDLY, TO REDUCE THE PRINCIPLE OUTSTANDING.

I/WE CERTIFY THAT THE INFORMATION GIVEN ON THE APPLICATION 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 CREDIT RELATIONS. I/WE ASSUME FULL RESONSIBILITY FOR ALL PURCHASES MADE ON THIS ACCOUNT.

IN ADDITION, THE UNDERSIGNED HEREBY AUTHORIZE(S) THE CO-OP TO DISCLOSE AT ANY TIME IN RESPONSE TO DIRECT INQUIRIES FROM ANY OTHER LENDER OR CREDIT BUREAU, ANY INFORMATION CONCERNING THE UNDERSIGNED THAT THE CO-OP CONSIDERED APPROPRIATE AND AGREE(S) TO INDEMNIFY THE CO-OP AND SAVE IT HARMLESS FROM ANY AND ALL CLAIMS OR OTHERWISE, ARISING FROM ANY SUCH DISCLOSURE MADE BY THE CO-OP.

CONSENT FOR E-STATEMENTS? YES NO

CORPORATION NAME:
SIGNATURE #1:
TITLE:

SIGNATURE #2:
TITLE:

DATE:

CREDIT CHARGES ON SAMPLE OUTSTANDING BALANCES:		
CREDIT CHARGE	1.5% PER MONTH	2.0% PER MONTH
\$ 50.00	\$ 0.75	\$ 1.00
\$ 100.00	\$ 1.50	\$ 2.00
\$ 200.00	\$ 3.00	\$ 3.00
\$ 500.00	\$ 7.50	\$ 10.00
\$ 1000.00	\$ 15.00	\$ 20.00
\$ 2000.00	\$ 30.00	\$ 40.00

FOR OFFICE USE ONLY:	MAXIMUM CREDIT APPROVED:
APPROVED BY:	DATE:
COMMENTS:	