



**5. CREDIT REQUIREMENTS**

ACCOUNTS PAYABLE CONTACT	NAME OF REPRESENTATIVE AUTHORIZED TO MAKE CHANGES
DO YOU REQUIRE A STATEMENT? _____ YES _____ NO	CREDIT LIMIT REQUESTED
HAVE YOU PREVIOUSLY HAD AN ACCOUNT WITH CALGARY CO-OP? _____ YES _____ NO	
UPON APPROVAL, ONE ACCOUNT WILL BE SET UP FOR YOU. THIS ACCOUNT WILL BE VALID AT ALL OUR CARDLOCKS. PLEASE MARK BELOW WHICH CARDLOCK YOU WILL PRIMARILY BE DEALING WITH.	
<input type="checkbox"/> STRATHMORE (715 WHEATLAND TRAIL) <input type="checkbox"/> EASTFIELD (5250 - 50 AVENUE S.E.) <input type="checkbox"/> COCHRANE (439 GRIFFIN ROAD) <input type="checkbox"/> CO-OP FEED PLANT (1020 - 26 STREET N.E.)	

**6. PLEASE READ AND SIGN SIGN BELOW**

I/We the undersigned certify all the above information to be true, complete and correct. I/We authorize and consent for Calgary Co-operative Association Limited to collect and use the personal and credit information on this application. In addition, I authorize the collection and use of information regarding my creditworthiness obtained, from time to time, from financial institutions and other organizations with whom I have or expect to have financial dealings, including personal information agents, credit reporting bureaus and any credit grantors for the following purposes:

1. Assessing my creditworthiness and authorizing or declining the issuance of a credit card to me;
2. Assessing my on-going creditworthiness in respect of a credit card, if issued;
3. Establishing credit limits in respect of a credit card, if issued, and authorizing or declining, from time to time, use of such credit card;
4. Maintaining the accuracy of my information

I also understand and agree that any credit related information resulting from my use of such credit may be used to and retained by Calgary Co-operative Association Limited and may be exchanged with the other organizations listed above, for the purposes of determining my creditworthiness now or in the future, including after cancellation of such credit.

I/We the undersigned: (1) request Calgary Co-operative Association Limited issue card(s) to me/us as indicated above, and renewals or replacements thereof from time to time at your discretion (2) agree to read and be bound by the terms and conditions of the agreement which will accompany notification of the account when approved and that use of such card(s) shall evidence receipt of such agreement (3) understand that I/we will be required to our account balance in full each month (4) acknowledge that Calgary Co-operative Association Limited reserves the right to cancel the account herein if my/our purchases do not meet minimum program requirements.

By signing below I am consenting to the collection, use and disclosure of this information by Calgary Co-operative Association Limited for the purposes stated.

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ CO-OP MEMBERSHIP NO. \_\_\_\_\_  
Signed Jointly & Severally (Partners or Proprietors) (Business Membership Required)

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_