

Cardlock Card Requested Yes No

Item 648 469
FORM L88 (Rev. '00)

PATRONAGE NUMBER

Consumer/Non-Corporate Farm Credit Application

Applicant's Name _____ Home Phone No. () _____
 Social Insurance No. _____ 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 _____

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

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.

Co-applicant's Employer or Source of Income _____ Address _____
 Occupation _____ Annual Income _____ Business 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/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 \$ _____

COMPLETE THIS PORTION FOR NON-CORPORATE FARM USE

Legal Description of Land	Section(s)	Township	Range	West of	Meridian
How long have you farmed?		Acres Farmed			
Location of Livestock					
Is Livestock Financed by Third Party?	If So Who?		Number and Type of Livestock		
Processor	Hatchery		Quota		
Owner <input type="checkbox"/>	Name of Mortgage Co. or Landlord				
Tenant <input type="checkbox"/>					
Name of Insurance Company and Agent					
Other Current or Previous Accounts					

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 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 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: _____
 MM DD YY
 Service Card for co-applicants
 YES NO X
 Applicant's Signature _____ Co-applicant's Signature _____