



NEW CUSTOMER RECORD & APPLICATION FOR CREDIT

Member #:

Box 250, 973 Otter Lk X Rd, Armstrong, BC, V0E 1B0, Ph: 1.888.535.2667, Fx: 250.546.9478

PLEASE PRINT CLEARLY & LIST ACCURATE COMPLETE INFORMATION. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND USED FOR CREDIT PURPOSES ONLY

Name of Person Applying:		Phone:	Cell Phone:	
Social Insurance #:		Birth Date (yyyy mm dd):		Fax:
Address – Mailing:		City:	Province:	Postal Code:
Source of Income - Company Name:		Occupation:	Annual Income:	
Name of Co-Applicant & Relationship to Applicant:		Phone:	Cell Phone:	
Source of Income - Company Name:		Occupation:	Annual Income:	
Name of Business:		Nature of Business:		Annual Sales:
Business Phone:		Business Fax:		Business Number
Type of Business (Circle One): Corporation Partnership Sole Proprietorship Other: _____		Years in Business:	Date of Incorporation:	Province of Registration:
Accounts Payable Contact Name & Phone #:		Financial Statements Prepared for the Year Ending:		Will Provide Copy of Financials (Circle One): Yes No Attached
Name of Officers or Partners of Business	Title/Office	Home Address	Birth Date (yyyy mm dd)	Social Insurance #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Financial Institution Name & Branch:		If Joint Account, Names on Account:		
Address of Financial Institution:		Phone:	Fax:	
Trade Reference Firm & Contact Name		Phone:	Fax:	
Trade Reference Firm & Contact Name		Phone:	Fax:	
Trade Reference Firm & Contact Name		Phone:	Fax:	
Type of Accounts Required (Circle all that apply and give # of cards for cardlock) CARDLOCK _____ BULK DELIVERY _____		Estimated Monthly Fuel Purchases \$ _____ litres _____		
Are there any legal actions pending against you or your partners? (Circle One) Yes or No		Have you or your partner(s) been discharged from bankruptcy in the last 6 years? (Circle One) Yes or No		

PLEASE READ, DATE & SIGN BELOW

I/We the undersigned: A) certify all of the above information and any further information provided to the Armstrong Regional Cooperative (ARC) to be true, complete and correct, B) request ARC to issue credit and/or cardlock cards to me/us indicated above and renewals or replacements thereof from time to time at your discretion, C) agree to read and be bound by the terms and conditions of the Credit Agreement issued by ARC which will accompany this document or notification of the account when approved and that use of such account or credit shall evidence receipt of such Agreement and Credit Policy, D) understand that I/we will be required to pay our account balance in full each month by the 15th of the month, E) acknowledge that ARC reserves the right to cancel the account herein or charge a nominal administrative fee if my/our purchases do not meet minimum program requirements, F) agree that when a co-applicant has signed this application we are both bound by this application and all consents given in it bind both of us and we agree to be jointly and individually liable for all amounts charged to the account, and G) authorize and consent to the receipt and exchange of credit information by ARC with any credit reporting agency, credit bureau or any person or corporation with whom I/we have or propose to have financial relations.

BY SIGNING THIS APPLICATION YOU ACKNOWLEDGE THAT THE FULL ACCOUNT BALANCE IS DUE BY THE 15th OF THE MONTH AND THAT YOU CANNOT PAY YOUR ACCOUNT BY CREDIT CARD. ALSO, THE ARC MUST BE NOTIFIED IMMEDIATELY IF THERE IS A CHANGE IN BUSINESS OWNERSHIP.

Applicant's Printed Name: _____ Date: _____ Signature: X _____
 Co-applicant's Printed Name: _____ Date: _____ Signature: X _____

PERSONAL GUARANTEE (where the applicant is a corporation or business):

I, _____ (print name), being a director or owner of the business named above and in consideration of the ARC agreeing to supply goods and services on credit to the business named above, do hereby personally guarantee to the ARC the due amount of all money which is now due or shall at any time hereafter become due to the ARC by the business named above.

Signature of Director/Owner: X _____ Witness to Signature of Director or Owner: X _____

Signature of ARC Credit Approval _____ Date: _____ Title: _____