

## Sunderland (Head Office)

P.O. Box 280 • Sunderland Ont LOC 1HO (705) 357-3491 or 1-800-668-2626 www.sunderlandco-op.on.ca

## EMAIL COMPLETED FORM TO sdoble@sunderlandco-op.on.ca OR FAX TO 705-357-2764

PLEASE PRIN	I <b>T</b>					ACCOUNT APPLICATION
	11					
Full name	name	First	Marita Initials	al status Spouse's	name	
					** 1	
Resident address					·	
Street		et or postal address	City/Town	Province	Postal Code	Years
Own	_ Rent	Other	Landlord if renting			
Complete If Rural					# Acres	
Lot(	s)	Concession/Plan	Township	County/Region		
Previous address	s if less than	n one year				
Date of birth		# D	ependents Home	Phone	Cell Phone	
Present employ	Mo.	Day Year				
1 7						
_		·	Occupation_			
Credit required	\$		Purpose			
Social Insurance	e Number (	optional)				
Email Address	s					
G P P						
Credit Referei						
	1					
	2					
I would like to	know more	about membership in S	underland Co-operative Y	es No		
Personal Refer	ence					
UPON THE B. connection with credit reporting. The undersigned beginning 20th cancel this agreement follows:	ASIS OF SU a the credit is agency or to d agrees to of the more element or wing notific	JCH INFORMATION. Thereby applied for or for a o any person with whom the pay a monthly credit chatth following purchase if vary the terms hereof are cation that the terms here	he undersigned consents to the any renewal or extension them the undersigned has or proposing composed of interest on the account is then unpaid and the customer shall remained.	the obtaining of credit and reof and to the disclosure of ses to have financial relation by at the rate of 2% per m Sunderland Co-Operative in responsible for all inducted deemed acceptance by	/or personal information of any credit information ons. onth (24% per annum of Inc. may upon at least lebtedness. Continued the customer of such 1	GIVEN TO ME IS EXTENDED in as may be required at any time in a concerning the undersigned to any compounded monthly) to be applied one month's notice to the customer use of this charge account by the new terms as of the effective date
Date		Signatur	reApplicant		Spouse	