



Sunderland (Head Office)
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EMAIL COMPLETED FORM TO sdoble@sunderlandco-op.on.ca OR FAX TO 705-357-2764

TO YOU: SUNDERLAND CO OPERATIVE

I/We, _____ of Lot _____ Conc. _____,

Township _____ in the County of _____

hereby personally guarantee any purchases made and have previously been made to the
account of _____

for products/ services rendered from Sunderland Co-operative Inc.

I am a Principal(s) of _____

and will be financially responsible to pay the account balance according to your
published credit terms.

IN WITNESS WHEREOF we have hereunto set our hand and seal this the _____ day of

_____, 20____ at _____, Ontario

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:

CUSTOMER SIGNATURE

WITNESS SIGNATURE

Please print names.