CREDIT LIMIT INCREASE APPLICATION

PRAIRIE SKY CO-OPERATIVE ASSOC. LTD.

215 2nd St NE, Weyburn, SK S4H 0V1 306-848-3677 credit@prairiesky.crs

Applicant Information

- **Account info: Member #** _____ **JDE #** _____
- **Name of Applicant:** _____
- **Co-Applicant (if applicable):** _____
- **Business name (if applicable):**_____
- **Mailing Address:** _____
- **City/Town:** _____ **Province:** _____ **Postal Code:** _____
- **Phone Number:** _____ **Email:** _____
- **Occupation:** _____ **Employer:**_____
- **Annual Income:** $_____

Credit Request Details

- **Current Credit Limit:** $_____p/m **Requested Credit Limit:** $_____p/m
- **Reason for Increase:** _____

Department(s) Credit Requested For

☐ Home Centre ☐ Bulk Petroleum ☐ Cardlock
☐ Bulk Propane ☐ Farm Supply (Lang / Beaubier)

Credit Policy

- All accounts are due and payable within **30 days** of the statement date.
- Interest will be charged on overdue accounts at **2% per month (24% per annum)**.
- Accounts over **60 days** may be placed on hold until payment is received.
- Credit privileges may be revoked if payment terms are not met.
- Please ensure purchases remain within your credit limit to avoid credit restrictions.
- It's the sole responsibility of the account holder to monitor and maintain account activity.
- Admin fees will be charged to members for additional services performed outside of the scope of the credit agreement.

Payments

- **Online banking** – add Prairie Sky Co-op. Account # is your Legacy # on your statement.
- **Cash, Debit/Credit card** – in person at our locations
- **Cheque** – in person or mail in advance to Admin.
- **FCC** – inquire with the credit office.
- **EFT** – inquire with the credit office.

Agreement

I/We certify the above information is true. By signing below, I/we agree to the terms outlined in the Credit Policy and Statement of Disclosure and authorize Prairie Sky Co-operative Assoc. Ltd. to obtain and exchange credit information as required for the purpose of evaluating this application. Where a co-applicant signs, we agree to be jointly and individually liable for all amounts charged to the account.

- **Signature of Applicant:** _____ **Date:** _____
- **Signature of Co-Applicant:** _____ **Date:** _____