



**WINKLER CONSUMERS CO-OPERATIVE LTD.**  
 Box 1120 Winkler, Manitoba R6W 482  
 Phone: 204-325-9595  
 Email: john.thiessen@winkler.crs

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**Business Contact Information:** **CO-OP #** \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Registered Company Address: \_\_\_\_\_

Date Business Commenced : \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other : \_\_\_\_\_

**Business and Credit Information:**

Primary Business Address: \_\_\_\_\_

How Long at Current Address? \_\_\_\_\_

Bank Name : \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business/Trade References:**

Company Name & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount of Credit Required	Which Department to Charge
_____	_____

I understand that purchases made during a calendar month on a charge account are payable in full by the last day of the following month. An interest charge of 2% per month will be charged on an account that is past due. Please use this as your authority to do whatever credit check is necessary to process my application for credit.

I agree to pay all legal & collection charges related to collecting a past due account.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**OFFICE USE ONLY**

**APPROVED**

**DECLINED**