

PERSONAL GUARANTEE
PLEASE FILL OUT BOTH SIDES OF THIS FORM

In consideration of the credit granted and goods supplied by Peninsula Consumer Services Co-operative to:

_____ *Please Print Legal Name of Business* _____

(hereinafter called the Purchaser or Applicant) I/we, the undersigned, being an owner/principal of the company hereby personally, unconditionally and irrevocably guarantee payment on demand on all monies now owing the supplier by the purchaser on account of the said sale and delivery of goods and/or services. I/we hereby waive notice of any extension of time that may be given by the supplier to the applicant and authorize the giving of further credit to the purchaser under this guarantee. My/our obligation under this guarantee shall extend to include credit which has now been granted and which may hereafter be granted to the purchaser by the companies.

Peninsula Co-op Commercial Card Application Privacy Statement

When you apply for a Peninsula Co-op Credit Card certain contact and financial information is collected and reviewed by the Peninsula Co-op Accounting Department for the following purposes: verifying your eligibility for credit; establishing and maintaining your credit card account; billing and accounting services related to your account; communicating with you regarding your account; detecting, preventing and deterring fraud; compiling statistics; offering you products and services to meet your needs; meeting legal and regulatory requirements. Your information may be shared with a third party to verify and validate that information, for example, with a credit bureau. Your consent to the use of this information is implied by your signature(s) on this application form. The security of your information is a high priority for Peninsula Co-op and we will maintain appropriate safeguards to protect it. Please contact the Administration Department at 250-652-5752 or toll-free 1-877-652-5752 if you have any questions.

1. GUARANTOR'S NAME: _____ *Please Print*
GUARANTOR'S SIGNATURE: _____
ADDRESS: _____
PHONE: _____ FAX: _____

2. GUARANTOR'S NAME: _____ *Please Print*
GUARANTOR'S SIGNATURE: _____
ADDRESS: _____
PHONE: _____ FAX: _____

IN WITNESS WHEREOF, I/WE HAVE SET OUR SIGNATURE(S) IN THE PRESENCE OF:

WITNESS NAME: _____ *Please Print* _____ DATE: _____
WITNESS SIGNATURE: _____

6764 Oldfield Road, Saanichton, BC V8M 2A3
Greater Victoria Phone: 250-652-3212 Fax: 250-544-2328
Malahat to Duncan Phone: 250-597-0026 Toll Free: 1-877-333-3933

peninsulaco-op.com



COMMERCIAL CREDIT CARD APPLICATION

BUILT FOR BUSINESS





Peninsula Consumer Services Co-operative Commercial Credit Card Application

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

Legal Name of Business: _____ Co-op Member #: _____

Phone #: _____ Fax #: _____ GST #: _____

Business Address: _____

City: _____ Postal Code: _____ Email: _____

Name of Owner: _____ SIN#: _____ Date of Birth: _____

Owners Address: _____
Last Name First Name Street Address City Postal Code Email: _____

Please Indicate:

Name(s) of Affiliated/Associated Companies

Proprietorship _____

Partnership Name(s) of Partners or Principals and Home Address SIN#: Phone #:

Corporation _____

Other: _____
Name(s) Address

Type of Business: _____ Years of Operation: _____

Accounts Payable Clerk: _____ Phone #: _____ Fax #: _____ Email: _____

Bank/Credit Union: _____ Other: _____ Branch: _____

Phone #: _____ Fax #: _____ Email: _____

Major Suppliers

Name	Address	Phone	Fax

I/we agree that purchases made during a calendar month on this Peninsula Co-op Account are payable in full by the end of the following month. I/we agree to pay a service charge of 24% per annum (2% per month) on any amount that is not paid by the end of the month. Service charges will be calculated monthly and added to the amount of the unpaid account. Payments on this account which do not pay the account in full will be applied firstly to cover service charges and secondly to reduce the outstanding principal.

The issuance of a Peninsula Co-op Credit Card constitutes an agreement on the part of the Co-op to extend credit on the terms outlined above which may be amended occasionally. I/we agree that the Credit Card is the property of Peninsula Co-op and must be returned to Peninsula Co-op upon request. I/we agree to be responsible for any goods or services charged to this account in the event that the Credit Card is lost or stolen until I/we have notified the Peninsula Co-op Credit Department in writing. I/we agree to review each monthly statement to check and verify transactions, and to notify Peninsula Co-op within 45 days of the statement date of any errors or omissions. I/we understand that requests for historical transaction records may carry a service fee.

I/we apply for a Peninsula Consumer Services Co-operative Credit Card, with a \$ _____ credit limit, subject to the terms and conditions outlined above. I/we request a total of _____ cards.

I/we certify the above information to be true and correct. I/we authorize Peninsula Co-op to obtain such information as is required from any credit reporting agency or any person with whom I/we have or may have financial relations.

In witness whereof, I/we set our signature in the presence of:

Print witness name

Witness' signature to one or both signatures

Date

1. Signature: _____

Address: _____

Phone: _____ Email: _____

2. Signature: _____

Address: _____

Phone: _____ Email: _____

Referred by: _____