



A division of Parrish & Heimbecker, Limited



252 14th Street - PO Box 219 Hanover, ON N4N 3C5 ph: 519-364-3263 or 1-800-663-4305 fax: 519-364-5732

FEED CREDIT APPLICATION

- PERSONAL
PARTNERSHIP
CORPORATE

TRADE NAME OF OPERATION

APPLICANT NAME DATE OF BIRTH (Mandatory)

SOCIAL INSURANCE # DRIVER'S LICENCE #

CO-APPLICANT NAME DATE OF BIRTH (Mandatory)

SOCIAL INSURANCE # DRIVER'S LICENCE #

ADDRESS Street City Prov. Postal Code

PHONE NO. CELL PHONE NO.

FAX NO. EMAIL ADDRESS

TYPE OF OPERATION: INDIVIDUAL OWNERSHIP PARTNERSHIP

NAME(S) OF PARTNERS & PERCENTAGE OF OWNERSHIP

YEARS AT PRESENT ADDRESS PREVIOUS ADDRESS

TITLE TO FARM WHERE LIVESTOCK OR POULTRY ARE HOUSED IS REGISTERED IN NAME OF

LEGAL DESCRIPTION OF PROPERTY: LOT CONCESSION TOWNSHIP COUNTY

BANK NAME BRANCH CONTACT NAME

TRANSIT # ACCOUNT # PHONE #

TRADE CREDIT REFERENCES:

Feed Supplier Fuel Supplier Other
Address Address Address
City City City
Phone Phone Phone
Contact Name Contact Name Contact Name

I / We hereby apply for credit to be extended by NEW-LIFE MILLS, A division of Parrish & Heimbecker, Limited in the following amounts:

Table with 5 columns: Type of Animal or Poultry, Number, Monthly Requirement, Total Credit Required, Terms of Sale

I / We understand that with the establishment of the above credit I / We will be limited to the maximum amount stated above. I / We further understand that when any portion of my account becomes delinquent NEW-LIFE MILLS may be unable to make further deliveries of feed until the arrears have been paid in full or arrangements made to pay same. I / We agree to pay the normal service charge applied to any delinquent portion of my account. The present service charge is 1.5% per month (18% per annum), subject to change.

Should financial information be required for this credit application it will be available upon request.

I/We hereby authorize and consent to a personal investigation by NEW-LIFE MILLS and/or personal reporting agency acting on behalf of NEW-LIFE MILLS from time to time, and by my signature accept as notice in writing of and authorize the obtaining of any information required related to this application.

Dated at this day of , 20

APPLICANT SIGNATURE CO-APPLICANT SIGNATURE

APPLICANT NAME (Please Print) CO-APPLICANT NAME (Please Print)

WITNESS WITNESS