

COMMERCIAL ACCOUNT APPLICATION

Who will be invoiced?

| | |
|--|--------------------------------|
| _____ | Phone: () _____ - _____ |
| Name of the physical or legal person (the "Applicant") | E-mail: _____ |
| _____ | Fax: () _____ - _____ |
| Address | _____ |
| _____ | Name of contact person |
| City, province, postal code | _____ |
| _____ | In business since: ____ / ____ |
| Type of company | Owner, partners, shareholders: |
| Legal entity: | _____ |
| Sole ownership: ____ | Name |
| Incorporated company: ____ | _____ |
| Partnership: ____ | Name |

Bank information

| | |
|-----------------------------|-----------------------------|
| _____ | Phone: () _____ - _____ |
| Bank or credit union | Account #: _____ |
| _____ | _____ |
| Address | Name of contact person |
| _____ | _____ |
| City, province, postal code | |

Annual projected purchases: _____ \$ **Requested credit limit** _____ \$

Main supplier:

| | |
|--------------------------|-----------------------------|
| _____ | Phone: () _____ - _____ |
| Name of largest supplier | |
| _____ | |
| Name of contact person | |

Please read the special conditions of the business agreement on the opposite page and sign in the space provided.

"COMMERCIAL ACCOUNT APPLICATION form"

SOCIÉTÉ COOPÉRATIVE AGRICOLE DE STE-HÉLÈNE

SPECIAL CONDITIONS RELATED TO THE ACCOUNT APPLICATION AND THE BUSINESS AGREEMENT

SOCIÉTÉ COOPÉRATIVE AGRICOLE DE STE-HÉLÈNE

Hereafter referred to as the "Cooperative":

Special conditions:

✓ **Credit approval:** All accounts are subject to approval by the Cooperative; in the case of a refusal, suspension or cancellation of a credit privilege, the Cooperative shall be under no obligation to disclose the reasons for its decision.

✓ **Personal information:** The Applicant and the Guarantor (if applicable) give permission to the Cooperative to obtain and/or exchange or disclose their personal information for the purpose of validating creditworthiness and payment history.

✓ **Interest on outstanding balances:** If the Applicant neglects to pay the Cooperative for the goods or services purchased by the expected time, he or she agrees to pay interest on any outstanding debt at a rate of 18% calculated annually, which shall be payable and compounded monthly until the outstanding amount is paid in full.

✓ **Collection costs:** If the Applicant neglects to pay for any goods or services purchased, he or she agrees to reimburse any expenses incurred by the Cooperative (up to a limit of 20% of the outstanding balance) if it must hire a third party to recover the outstanding amount.

✓ **Reserve of title:** All goods sold shall remain the property of the Cooperative until the moment of complete and final payment in accordance with this agreement and regardless of their delivery or any invoice payments made.

Important: Unless otherwise indicated on the invoice or in a special agreement, all goods are payable on the 15 of the following month, with the credit limit and credit privilege being conditional upon your account remaining up to date.

Name of Applicant in block letters

Signed on _____, 20

X _____
Signature

PERSONAL GUARANTEE

I, the undersigned, hereby declare that I shall personally and jointly guarantee each and every obligation of the Applicant and shall guarantee the refund to the Cooperative of any present or future debts in capital, interest or expenses. This guarantee is continuous and shall remain valid for the entire debt, notwithstanding occasional reimbursements or the additional granting of credit. I renounce all benefits of discussion and division. I declare that I am aware of the implications of this personal guarantee (endorsement). The signature of this guarantee does not constitute a novation. I declare that I have read the special conditions of the business agreement above and that I am bound to its terms in the same manner as the Applicant.

Signed _____, 20

X _____
Witness

X _____
Guarantor

X _____
Guarantor