

# AUTO-PAYMENT

## PRAIRIE NORTH CO-OPERATIVE LIMITED

BOX 1450, MELFORT, SK S0E 1A0  
PHONE: (306) 752-9381 FAX: (306) 752-5166

Please Print

DATE	LAST NAME	FIRST NAME	MIDDLE NAME	CO-OP NO.
ADDRESS			HOME TELEPHONE	
CITY	PROV	POSTAL CODE	DAYTIME TELEPHONE	

___ AIM ___ FARM CREDIT ___ AGLINE ___ AGRICARD	
___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS	
NUMBER _____	EXPIRY DATE: _____ MM/YY

### AGREEMENT

The undersigned consents to the obtaining of such information as the Co-operative above may require at the time of purchase or for payment on account and understands that there is a charge for use of any expired or incorrect credit card use. Any information acquired will remain confidential.

I, the undersigned, hereby certify the above information to be true and if this application is accepted, I agree to the terms of credit card use with the Prairie North Co-operative Limited. Purchases will be charged to your credit card on the first banking day of each month.

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE