



Credit Limit Increase Request Form UFA Credit on Account Program

About Your Account			
Account Number:	Current Credit Limit:	Requested Credit Limit:	Reason for Increase:

PLEASE COMPLETE ALL APPLICABLE SECTIONS

Business Information (if applicable)			
Business Legal Name (add TRADING AS " ", if different from legal name):			
Business Address:	City:	Province:	Postal Code:
Telephone:	Fax:	Cell:	E-mail:
Name of Primary Bank/Address:	Account Manager:	Phone:	Account Number:

PLEASE ENSURE THE EMAIL BOX IS COMPLETED ABOVE IF YOU WISH TO RECEIVE A MONTHLY STATEMENT OF ACCOUNT ELECTRONICALLY

Owner Information (1)				
First Name:	Last name:	Date of Birth:		
Personal Address:	City:	Province:	Postal Code:	Phone:
Employer Name:	Income per year:		Occupation:	
Owner Information (2)				
First Name:	Last name:	Date of Birth:		
Personal Address:	City:	Province:	Postal Code:	Phone:
Employer Name:	Income per year:		Occupation:	

Attach additional sheets if necessary

Signature by Account holder or authorized signatory:

Your signature below certifies that:

- you are requesting an increased in the authorized credit limit for the Account to the amount set out above, and the information on this form is complete, accurate and up-to-date;
- you authorize UFA to collect, use and disclose personal information about the Primary User (as that term is defined in the UFA Credit on Account Agreement (the "Agreement")), and any owners, shareholders or partners of the Primary User, as applicable, for the purposes of verifying the Primary User's creditworthiness and processing this Credit Limit Increase Request Form, all in accordance with the UFA Privacy Policy;
- you agree that the UFA Credit on Account Agreement referenced in your original credit approval letter will apply to the new increased credit limit and your continued use of the Account; and
- this Credit Increase Limit Request Form may be executed in multiple counterparts, each of which shall be deemed to be an original document and all of which shall constitute one Credit Increase Limit Request Form.

Signature (1): _____
 Print Name: _____
 Title: _____
 Date: _____

Signature (2): _____
 Print Name: _____
 Title: _____
 Date: _____

Completed applications may be sent
in by fax to: 403-570-4025

OR

Dropped off at any UFA Farm and
Ranch Supply Store or Petroleum
Agency

OR

Mailed directly to UFA:
Attn: UFA Credit Services
4838 Richard Rd SW # 700
Calgary, AB T3E 6L1

OR

Emailed to:
credit.applications@ufa.com