



The Gateway Co-operative Limited

707 Norway Road
Box 959
Canora, SK S0A 0L0

Phone: (306) 563-5637
Fax: (306) 563-5335
Email: gateway.coop@sasktel.net



Dear Member:

In order to ensure that you have uninterrupted charging privileges with Gateway Co-op, you can request an update to your credit limit to better reflect your current charging patterns. Your current credit limit is shown on your monthly charge statement. Your credit limit should be slightly higher than the sum total of your two (2) highest consecutive purchasing months. If your credit limit is insufficient to meet this charge volume, you may be requested to make a payment to keep your account balance below the approved credit limit. If you utilize the cardlock system, you will be unable to make a cardlock purchase until your account balance is below your credit limit.

To confirm your credit limit or request a change, please fill in the request below and return it to our Admin office by fax 306-563-5335 or scan and email to gateway.ram@sasktel.net to ensure uninterrupted charging privileges. If you wish to discuss your account, please feel free to contact me at 306-563-5637 extension 235.

Thank you for your patronage.

James Trofimenkoff
Credit Supervisor
Gateway Co-operative Limited



Account # _____ Account Name: _____

Current Credit Limit \$ _____ NEW CREDIT LIMIT REQUESTED \$ _____

I request that my credit limit be changed as requested above. I understand that this may include a review of my credit history. I understand that if my account balance exceeds the approved credit limit, my cardlock cards will be restricted and my charging privileges may be suspended until my account is brought below the approved credit limit.

REASON FOR INCREASE: _____

I request that my credit limit be kept at the current credit limit as noted above. I understand that if my account balance exceeds the approved credit limit, my cardlock cards will be restricted and my charging privileges may be suspended until my account is brought below the approved credit limit.

MEMBER/CORPORATE SIGNING OFFICER SIGNATURE

MEMBER/CORPORATE SIGNING OFFICER PRINTED NAME

DATE _____