



CREDIT APPLICATION for Midwest Cooperatives

FOR OFFICE USE ONLY

PATRON # _____
CREDIT LIMIT _____
APPROVAL _____
DATE _____

PRODUCTS PLANNING TO PURCHASE: <input type="checkbox"/> FEED <input type="checkbox"/> PETROLEUM <input type="checkbox"/> LP GAS <input type="checkbox"/> SEED <input type="checkbox"/> AGRONOMY <input type="checkbox"/> OTHER				CREDIT REQUESTED \$ _____
COMPANY NAME _____		DBA: (IF DIFFERENT) _____		TAX ID # _____
PRINCIPAL'S LAST NAME _____		FIRST _____		INITIAL _____
SOCIAL SECURITY NUMBER _____		DATE OF BIRTH _____		PHONE NUMBER _____
STREET ADDRESS _____				
CITY _____		STATE/ZIP CODE _____		
ACRES FARMED _____		ACRES OWNED _____		
PRESENT EMPLOYER _____			YEARS THERE _____	
POSITION (IF SELF EMPLOYED-NATURE OF BUSINESS) _____			MONTHLY INCOME (DO NOT INCLUDE SPOUSE INCOME) \$ _____	
ADDRESS _____		CITY _____		STATE/ZIP _____ BUSINESS PHONE _____
NEAREST RELATIVE NOT LIVING WITH YOU _____		ADDRESS _____		RELATIONSHIP _____ PHONE _____
OTHER INCOME (You do not have to list income derived from a spouse or former spouse including alimony, child support, or maintenance unless you want us to consider it for the purpose of opening this account. (If you list such payments, please complete "Co-Applicant" section below).)			\$ _____ SOURCE _____	

TRADE or CREDIT REFERENCES	NAME OF REFERENCE	ADDRESS OF REFERENCE	PHONE # OF REFERENCE
1.			
2.			
3.			

BANK INFORMATION	BANK NAME	ACCOUNT INFORMATION	ADDRESS OF BANK
OPERATING LINE? NO YES →	NAME OF BANK	ACCOUNT NO.	CITY, STATE
CHECKING NO YES →	NAME OF BANK	ACCOUNT NO.	CITY, STATE
SAVINGS NO YES →	NAME OF BANK	ACCOUNT NO.	CITY, STATE

CO-APPLICANT COMPLETE THIS PART ONLY IF: (1) Another person will use the account. Such person must also sign the application and will be jointly obligated on the account. OR (2) You are relying on income derived from a spouse or former spouse including child support, alimony, or maintenance payments for repayment of the account.

NAME _____		DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____	
RELATIONSHIP _____		STREET ADDRESS _____		
CITY _____	STATE/ZIP _____	YEARS THERE _____	PHONE NUMBER _____	
EMPLOYER NAME & ADDRESS _____		YEARS THERE _____	POSITION _____	MONTHLY INCOME _____
CHECKING ACCOUNT NO./BANK _____		LOAN OR ACCOUNT OBLIGATION (IF DIFFERENT FROM APPLICANT'S) _____		
SAVINGS ACCOUNT NO./BANK _____				
ACCOUNT NUMBER _____	BALANCE \$ _____	PAYMENT \$ _____	NEAREST RELATIVE NOT LIVING WITH YOU _____	

- I WILL PAY THE ENTIRE BALANCE SHOWING WITHIN 30 DAYS OF THE BILLING DATE, AND I UNDERSTAND THAT IF ANY PORTION OF MY BALANCE REMAINS UNPAID FOR MORE THAN 60 DAYS, I MAY BE PLACED ON A CASH BASIS UNTIL THAT AMOUNT IS PAID.
- I UNDERSTAND THAT A FINANCE CHARGE OF 1.50% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%), OR THE MAXIMUM AMOUNT THAT IS ALLOWED BY LAW, WHICHEVER IS LESS, WILL BE APPLIED TO THAT PART OF ANY BALANCE THAT IS NOT PAID WITHIN 30 DAYS OF THE BILLING DATE.
- PAYMENTS SHALL BE APPLIED FIRST TO THE UNPAID FINANCE CHARGE, THEN TO THE REMAINING OUTSTANDING BALANCE.
- IN THE EVENT THAT COLLECTION PROCEEDINGS MUST BE INSTITUTED TO COLLECT ANY BALANCE DUE, I AGREE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEYS' FEES AND COURT COSTS.
- IF APPLYING FOR A JOINT ACCOUNT, BOTH OF US AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT, AND EACH OF US AGREE TO BE JOINTLY AND SEVERALLY LIABLE FOR PAYMENT OF ALL PURCHASES MADE UNDER THIS AGREEMENT.
- YOU SHALL HAVE THE RIGHT TO LIMIT OR TERMINATE MY CHARGE ACCOUNT, BUT TERMINATION SHALL NOT AFFECT MY OBLIGATION TO PAY THE EXISTING BALANCE. YOU MAY AT YOUR OPTION DECLARE THE ENTIRE BALANCE DUE AND PAYABLE.

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME. I ALSO AUTHORIZE MY BANKLENDING INSTITUTION TO PROVIDE MY CURRENT FINANCIAL STATEMENT TO YOU.

APPLICANT'S SIGNATURE _____	DATE _____	OTHER SIGNATURE (WHERE APPLICABLE) _____	DATE _____
-----------------------------	------------	--	------------

FINANCIAL INFORMATION:

(THIS SECTION SHOULD BE COMPLETED IF YOU ARE REQUESTING A CREDIT LIMIT OVER \$5,000.)

BALANCE SHEET AS OF _____ OR, PLEASE ATTACH YOUR MOST RECENT BALANCE SHEET. (NOTE: ALL INFORMATION MUST BE COMPLETED TO RECEIVE CONSIDERATION)

ASSETS		DEBT & NET WORTH	
CASH & INVESTMENTS	\$	ACCOUNTS PAYABLE	\$
CROP INVENTORY TOTAL		NOTES DUE WITH BANK	
LIVESTOCK INVENTORY		CURRENT PORTION - TERM DEBT (DUE 1 YR.)	
PRE-PAID EXPENSES - CROPS		LAND RENT PAYABLE	
NOTES / ACCOUNTS RECEIVABLE		CREDIT CARD DEBT	
OTHER CURRENT ASSETS (_____)		OTHER CURRENT DEBT (CONTRACT FOR DEED)	
TOTAL CURRENT ASSETS	\$	TOTAL CURRENT DEBT	\$
MACHINERY & EQUIP. TOTAL		EQUIP. LOANS (NET OF CURRENT ABOVE)	
FARM REAL ESTATE		VEHICLE LOANS	
IRA'S & SECURITIES		REAL ESTATE LOANS (NET OF CURRENT)	
OTHER FIXED ASSETS (_____)		TOTAL LONG TERM DEBT	\$
TOTAL LONG TERM ASSETS	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL DEBT & NET WORTH	\$

PERSONAL GUARANTY:

(THIS MUST BE SIGNED IF APPLICANT IS A CORPORATION, LLC, or LLP)

I/We personally guarantee absolutely and unconditionally the full and prompt payment of any and all sums owed to CHS Inc. by the above named entity. This guaranty shall be a continuing and irrevocable guaranty and indemnity for indebtedness of the entity. I/We do hereby waive notice of default or non-payment and consent to any modification or renewal of the credit agreement hereby guaranteed. I/We agree to pay upon demand any such due to CHS Inc. by the entity whenever the entity shall fail to pay the same when due. I agree to further indemnify CHS Inc. against any resulting claims, losses or damages it may suffer by reason of the failure of the above named entity to perform its obligations to CHS Inc.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by CHS Inc. from time to time as may be needed, in the credit evaluation process.

This application is not intended to, nor does it, create an obligation of CHS Inc. to supply merchandise or services to your store(s).

Signature _____

Print Name _____

Signature _____

Print Name _____