

**COMMERCIAL CREDIT APPLICATION AND CREDIT POLICY
COUNTRYSIDE COOPERATIVE**

CREDIT LINE REQUESTED \$ _____

Check which products you intend to purchase:

- | | | |
|---|--|--|
| <input type="checkbox"/> Agronomy Products & Services | <input type="checkbox"/> Feed Products | <input type="checkbox"/> Equipment & Hardware |
| <input type="checkbox"/> Propane (LP Gas) | <input type="checkbox"/> Bird Food | <input type="checkbox"/> Fuel Card (Cardtrol) |
| <input type="checkbox"/> Petroleum Products | <input type="checkbox"/> Service Station | <input type="checkbox"/> Mill (Feed & Pet Foods) |

APPLICANT BUSINESS NAME

TRADE NAME OR FARM NAME

ADDRESS CITY STATE ZIP CODE

TYPE OF BUSINESS FEDERAL I.D. NUMBER

STATE I.D. NUMBER YEARS IN BUSINESS

BUSINESS PHONE NUMBER HOME PHONE NUMBER

TYPE OF ORGANIZATION: Corporation Limited Liability Partnership (LLP)
 Partnership Non-Profit (Tax Exempt)
 Limited Liability Company(LLC) Other-List _____

PRIMARY OFFICERS, MEMBERS OR PARTNERS (PLEASE LIST)

NAME _____	TITLE _____	SS# _____	%OWNERSHIP _____
NAME _____	TITLE _____	SS# _____	%OWNERSHIP _____
NAME _____	TITLE _____	SS# _____	%OWNERSHIP _____
NAME _____	TITLE _____	SS# _____	%OWNERSHIP _____
NAME _____	TITLE _____	SS# _____	%OWNERSHIP _____

BANK ACCOUNTS:

NAME COMPLETE ADDRESS

ACCOUNT NUMBERS PHONE CONTACT PERSON

NAME COMPLETE ADDRESS

ACCOUNT NUMBERS PHONE CONTACT PERSON

NAME COMPLETE ADDRESS

ACCOUNT NUMBERS PHONE CONTACT PERSON

IF NEW BUSINESS, NAME FORMER BUSINESS OR EMPLOYER

CREDIT REFERENCES:

PRIMARY SUPPLIERS – (CURRENT & PREVIOUS) NAME AND COMPLETE ADDRESS

BUSINESS PHONE NUMBER NUMBER OF YEARS DOING BUSINESS WITH BALANCE OWING

PRIMARY SUPPLIERS – (CURRENT & PREVIOUS) NAME AND COMPLETE ADDRESS

BUSINESS PHONE NUMBER NUMBER OF YEARS DOING BUSINESS WITH BALANCE OWING

PRIMARY SUPPLIERS – (CURRENT & PREVIOUS) NAME AND COMPLETE ADDRESS

BUSINESS PHONE NUMBER NUMBER OF YEARS DOING BUSINESS WITH BALANCE OWING

PAYMENT TERMS:

WHOLESALE ACCOUNTS: All invoices are due 10 days from invoice date. Payments received after the 10 day deadline are subject to a finance charge, which is a daily rate of .049315%.

NON-WHOLESALE ACCOUNTS: Regular credit terms apply, which are as follows:

- 1) These credit terms shall be applicable to purchases of goods and services made by patrons from time to time from the Cooperative.
- 2) The closing date of the billing cycle will be the last day of the month. If the amount for which credit is extended is received by the 23rd day after the closing date, a finance charge will not be assessed. If the amount for which credit is extended is not received by the 23rd date after the closing date, a finance charge will be assessed on the past due balance. The past due balance is computed by deducting all current payments and credits from the previous balance. The finance charge will be computed by applying a periodic rate of 1.50% per month against the entire past due balance (annual percentage rate of 18%). Payments shall be applied first to the unpaid finance charge, then to the remaining outstanding balance.
- 3) Countryside Cooperative has the right to amend the terms and conditions of this credit policy and will do so in a manner to the extent required by applicable law.
- 4) All new accounts that are businesses, corporations, partnerships and LLC's will be required to give the Cooperative personal guarantees. Both the credit application and personal guarantee must be signed before credit is granted. Accounts established before January 21, 1998, will be grandfathered in as to requiring a personal guarantee. If credit management determines that the credit risk of an existing account may need a personal guarantee, they may require it at that time.
- 5) There is no annual fee for the use of a Countryside Cooperative charge account.

I (we) represent that this statement is true and complete. The undersigned hereby authorizes any bank or other grantor of credit to provide Countryside Cooperative with information regarding the character, reputation, financial responsibility and indebtedness of the undersigned.

Name of Individual, Firm or Corporation

Signed by: (Authorized Signature)

Title

Date

