



# Belgrade Cooperative Association

## Credit Application and Agreement

PO Box 369 Belgrade MN, 56312

Phone: 320-254-8231 www.belgradcoop.com Fax 320-254-3473

### ALL APPLICANTS

Name (last)		First	Middle	Date of Birth		Drivers License No.
Address			City	State	Zip	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
Years at present address	Home Phone	Cell Phone	SSN	Email Address		
Present Employer	Phone #	Years There	Position	Individual Monthly Income		

### Joint Application

Name (last)		First	Middle	Date of Birth		Drivers License No.
Address			City	State	Zip	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
Home Phone	Cell Phone	SSN	Email Address			
Present Employer	Phone #	Years There	Position	Individual Monthly Income		

### BUSINESS APPLICANTS ONLY

Business Name			<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Mailing Address		City	State	Zip	Email Address	
Delivery Address		City	State	Zip	Federal I.D. No.	Date Business Started
Person to Contact Regarding Financial Matters		Title		Phone #		

### CREDIT REFERENCES: List all obligations with banks, finance companies, private lenders, contracts for deeds etc.

Checking <input type="checkbox"/> NO <input type="checkbox"/> YES	Name of Bank	Address	Phone #	Acct. Number
Savings <input type="checkbox"/> NO <input type="checkbox"/> YES	Name of Bank	Address	Phone #	Acct. Number
Lender Name And Address		Phone	Balance	Payment

### TRADE REFERENCES: List suppliers of fert or chemicals, feed or animal health, petroleum or home heating, farm supplies or other credit references.

Name & Address of Trade Reference	Phone	Balance	Payment

Has the applicant filed bankruptcy within the past seven years? If yes, provide date & location of filing.  NO  YES

Amount of Credit Anticipated to be needed \$ \_\_\_\_\_, And For Which Commodities (circle all that apply)  
Propane Agronomy Fuel

If the Co-op extends credit to the applicant, the applicant agrees to abide by all the terms of Belgrade Cooperative's credit policy stated on the reverse side. Everything that I have stated in the 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 experiences with my, including obtaining a credit report on the individual applicant(s) and reporting applicant(s) performance under this Agreement to credit reporting agencies. I voluntarily agree to have my credit history reviewed at any time.

I certify that I am authorized to sign this agreement and to thereby bind the person(s) on whose behalf I am signing. Customer warrants that all information submitted hereon is accurate and complete. FAXED SIGNATURE IS ACCEPTABLE AND TREATED AT ORIGINAL SIGNATURE.

Applicant's Signature	Date
Other Applicant's Signature (when Applicable)	Date