



Belgrade Cooperative Association

Credit Application and Agreement

PO Box 369 Belgrade MN, 56312

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

FOR OFFICE USE ONLY

Yes No

Credit Limit

Manager Signature

BUSINESS and/or AGRONOMY APPLICANTS

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

If the Co-op extends credit to the applicant, the applicant agrees to abide by all the terms of Belgrade Cooperative's credit policy (enclosed).

I certify that I am authorized to sign this agreement and to thereby bind the person(s) on whose behalf I am signing. Everything that I have stated in the application is correct to the best of my knowledge. I understand that Belgrade Co-op will retain this application whether or not it is approved. Belgrade Co-op is authorized to check my credit and employment history and I agree to answer questions about my credit experiences I voluntarily agree to have my credit history reviewed at any time.

Applicant's Signature	Date
Which commodities do you plan to purchase (circle all that apply):	
Propane Agronomy Bulk Fuel/Gas C-Store Fuel/Gas, Cenex (Belgrade) Credit Card	Amount of Credit Anticipated to be needed: \$

Individual Consent and Certification of Taxpayer I.D. Number

(form must be completed to be eligible for patronage dividends)

Name as shown on account	(Taxpayer SSN or EIN)
Mailing Address	Telephone Number
City State Zip	Birth Date

I hereby consent to include in my gross income, as now hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from Belgrade Co-op. With respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This consent shall be revocable by me at any time in writing.

Certification - Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer ID number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding.

Signature _____ Date _____

How did you hear about us?

- Website Search
- Facebook
- Newspaper Ad
- Radio Ad
- Other (please specify): _____

- Billboard / Tank signs
- Belgrade Co-op Employee: _____
- *Coworker/Friend: Referred By: _____

*Let us know who referred you to Belgrade Co-op to earn them a \$25 credit on their account!