



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

RESIDENTIAL 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	

Co-Applicant (optional)

Name (last)		First	Middle	Date of Birth	Drivers License No.
Home Phone	Cell Phone	SSN	Email Address		
Present Employer	Phone #	Years There	Position	Individual Monthly Income	

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
Co-Applicant's Signature	Date
<p>Which commodities do you plan to purchase (circle all that apply):</p> <p>Propane Agronomy Bulk Fuel/Gas C-Store Fuel/Gas, Cenex (Belgrade) Credit Card</p>	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(s) _____ Date _____

How did you hear about us?

Website Search	Billboard / Tank signs
Facebook	Belgrade Co-op Employee: _____
Newspaper Ad	*Coworker/Friend (Referred by): _____
Radio Ad	
Other (please specify): _____	*Let us know who referred you to Belgrade Co-op to earn them a \$25 credit on their account!