



Central Region Cooperative
 27875 County Road 27
 PO Box 429
 Sleepy Eye, MN 56085
 507-794-3031

Buffalo Lake
 PO Box 99
 Buffalo Lake, MN 55314
 320-833-5321

Fairfax
 PO Box E
 Fairfax, MN 55332
 507-426-8263

CREDIT APPLICATION AND AGREEMENT

Last Name, First Name, Middle Initial OR Business Name		Social Security Number or Tax ID No.	Phone	Date of Birth
The applicant is a(n): (Circle one) <i>Individual Sole Proprietor Business Partnership Corporation</i>			Are you sales tax exempt? If yes, complete attached ST3	
Address	City	State	Zip	Years at present address: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
Email Address	Primary Contact (If business)		Business Phone	Title
Present Employer	Years Employed	Phone	Position	Monthly Income (Do not include spouse income) \$
CREDIT REFERENCES: List all obligations with banks, finance companies, private lenders, contracts for deed etc.				
CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Bank	Address	Phone	Acct. number
SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Bank	Address	Phone	Acct. number
Lender Name	Lender Address		Phone	
TRADE REFERENCES: List suppliers for fertilizer, chemicals, feed, animal health, petroleum or home heating, farm supplies, and/or other credit references.				
Trade Reference Name	Trade Reference Address		Phone	
Has the applicant filed bankruptcy within the past sevenyears? NO YES If yes, provide date of filing and location of filing.				

CO-APPLICANT - Complete this part only if: (1) another person will use this account; such persons must also sign this 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	Social Security Number	Date of Birth	Relationship to Applicant	
Street Address	City	State	Zip	Years at present address Phone No.
Present Employer	Years Employed	Title	Monthly Income \$	

Amount of Credit Requested: \$ _____ Check the product(s) you are interested in purchasing: Agronomy Feed Gas Diesel Home Heat: Fuel Oil LP Do you own an LP tank? _____ Interested in home heating budget program? _____	OFFICE USE Department: _____ Initials: _____ Approval Date: _____ Credit Amount: _____
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Please read and sign agreement terms on page 2.

Central Region Cooperative Credit Application Terms

You agree that the following terms will govern any purchases made which are charged to any charge account that you may have with Central Region Cooperative:

1. In this Credit Application and Agreement "you" and "your" is the applicant(s), and "we" or "our" or "us" is Central Region Cooperative.
2. You will pay the entire balance showing on your account statement by the payment due date.
3. All purchases made on credit during the month are due and payable by the last day of the following month. **ANY REMAINING BALANCE DUE AND UNPAID BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH OF PURCHASE SHALL BE SUBJECT TO A FINANCE CHARGE COMPUTED AT THE PERIODIC RATE OF ONE AND ONE-HALF PERCENT (1.5%) PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF EIGHTEEN PERCENT (18%).** A minimum finance charge of one dollar (\$1.00) will be assessed on past due accounts. You agree that we may compound interest on the account at our discretion.
4. The closing date of the billing cycle shall be the end of the month. All periodic statements will be mailed as soon as possible following the closing date of the billing cycle.
5. If the account is not paid by the last day of the month following the month of purchase, the account shall be classified as delinquent and the account will be placed on a cash only basis. Credit will not be extended to any account which has a past due balance.
6. Payments will be applied first to the unpaid finance or interest charge, then to the remaining outstanding balance.
7. Cash discounts may be given on certain items in certain departments. Check with the department for further details on cash discounts.
8. You will be liable for the payment of all our collection costs, court costs, and attorney's fees to pursue payment of your debt in the event that payment is not received when due.
9. The terms and conditions of this document may be amended in writing by the agreement of all parties. We also have the right to amend the terms of this Credit Application and Agreement prospectively by advising you in writing. Your use of the account after notification indicates your agreement to our amendment(s).
10. If applying for a Joint Account, each of you agrees to be bound by the terms of Credit Application and Agreement, and each of you agrees to be jointly and severally liable for payment of all purchases or charges made under this Credit Application and Agreement.
11. You shall have the right to limit or terminate your charge account, but termination will not affect your obligation to pay any existing balance. We may, at our option, declare the entire balance due and payable at any time.
12. This Credit Application and Agreement shall be construed as having been delivered in the State of Minnesota and shall be construed in accordance with the laws of the State of Minnesota. All parties hereto expressly agree that venue shall be in the State of Minnesota, County of Brown only, and the undersigned hereby consents to the jurisdiction of the Courts of the State of Minnesota, County of Brown, and the U.S. District Courts for the District of Minnesota.
13. We are not bound by any notation of "paid in full" or otherwise that accompanies any payment if the payment is not for the total amount owed at that time. Any agreement for a lesser amount than what is owed must be expressly agreed to by our General Manager.
14. **WE ARE NOT LIABLE FOR ANY CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY KIND, AND THE IMPLIED WARRANTY OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE ARE WAIVED BY YOU.**
15. To secure payment of the amounts we are owed, you hereby grant us a security interest in your inventory, equipment, goods, crops, livestock, and investment property. If your account is delinquent you are in default and we may exercise all remedies of a secured creditor, including repossession and sale of the collateral. It is also understood and agreed that we have a first lien on any of your equity in Central Region Cooperative.
16. Our management reserves the right to deny or limit the extension of credit or to terminate your account. Termination shall not affect your obligation to pay any existing balance.
17. You agree to notify us immediately by telephone and in writing if any Cardtrol card issued on your account is ever lost, stolen, or otherwise used in a manner not authorized by you.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Tax Payer identification 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 I am subject to backup withholding as a result of a failure to report all interest or dividends, or, (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or U.S. resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Everything I have stated in this Credit Application and Agreement is true and correct. I understand that Central Region Cooperative will retain this document whether or not it is approved. Central Region Cooperative is authorized to check my credit and employment history and to answer questions about Central Region Cooperative's credit experience with me, including obtaining a credit report on the individual applicant(s) and reporting applicant(s) performance under the terms of this agreement to credit reporting agencies.

Applicant's Signature

(Date)

Co-Applicant's Signature

(Date)

Applicant's Printed Name

Co-Applicant's Printed Name

Personal Guarantee

(To be completed by all applicants except individuals)

Each of the undersigned hereby guarantees full payment of all present and future indebtedness of the applicant(s). This guarantee is open and continuous and is given to induce Central Region Cooperative to extend credit to the applicant(s). This personal guarantee shall remain effective until revoked by the undersigned by notice in writing to Central Region Cooperative. However, such a revocation shall be effective only as to amounts due which arise out of new contracts or transactions entered into more than 30 days after receipt of notice by Central Region Cooperative. Such notice must be given by certified mail to Central Region Cooperative. At any time Central Region Cooperative may, without notice, extend credit to applicant(s) or modify, renew, extend, or compromise any indebtedness; take, subordinate, or release any security interests; release applicant or any other guarantor from any liability for indebtedness and otherwise deal with applicant(s) and other guarantors in any manner deemed fit, without waiving the effectiveness of this Personal Guaranty. Each guarantor waives presentment, demand, protest, and notice of any kind. If there is more than one guarantor, the obligations are joint and several. Central Region Cooperative may bring a separate action against any guarantor without first proceeding against the applicant(s), or any other person or security, and without pursuing any other remedy. In any proceeding to interpret or enforce this Personal Guarantee, Central Region Cooperative shall be entitled to recover all of its costs and attorneys' fees from any personal guarantor. All notices regarding this Personal Guarantee must be sent to Central Region Cooperative, 27875 County Road 27, PO Box 429, Sleepy Eye, MN 56085, or any other address requested by Central Region Cooperative. Each guarantor hereby consents to the jurisdiction of the Courts of the State of Minnesota, County of Brown, and the U.S. District Courts for the District of Minnesota. Central Region Cooperative is authorized to check the credit of any personal guarantor, including obtaining a credit report and reporting performance under this Credit Application and Agreement to credit reporting agencies.

Guarantor Name and Title (print) _____ Guarantor Name and Title (print) _____

Guarantor Social Security Number _____ Guarantor Social Security Number _____

NOTICE

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper addressed to Central Region Cooperative, 27875 County Road 27, PO Box 429, Sleepy Eye, MN 56085. Write to us as soon as possible. We must hear from you no later than 60 days after we send you the first bill on which the error or problem appears. In your letter, give us the following information:

- Your name and account number;
- The dollar amount of the suspected error;
- Describe the error and explain, if you can, why you believe there is an error;
- If you need more information, describe the item you're not sure about.

We will acknowledge your letter within 30 days, unless we have corrected the error by then. Billing errors do not include complaints about the quality of any goods or services. Within 90 days, we will either correct the error or explain why we believe the bill was correct. This Notice is not part of the Credit Application and Agreement, but is instead a Notice advising you of your right to dispute billing errors.

Form ST3, Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked. This certificate remains in force as long as the purchaser continues making purchases or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Name of Purchaser _____

Business Address _____ City _____ State _____ ZIP code _____

Purchaser's Tax ID Number _____ State of Issue _____

If no tax ID number, Enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____
		State of Issue _____ Number _____

Name of seller from whom you are purchasing, leasing, or renting
Central Region Cooperative

Seller's Address _____ City _____ State _____ ZIP code _____
PO Box 429 Sleepy Eye MN 56085

Type of Business

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business (explain) _____ |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

Reason for Exemption (See Instructions)

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> J Agricultural production |
| <input type="checkbox"/> B Specific government exemption _____ | <input type="checkbox"/> K Industrial production/manufacturing |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> L Direct pay authorization |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input type="checkbox"/> E Charitable organization # _____ | <input type="checkbox"/> N Direct mail |
| <input type="checkbox"/> F Educational organization # _____ | <input type="checkbox"/> O Other (enter number from instructions) _____ |
| <input type="checkbox"/> G Religious organization # _____ | <input type="checkbox"/> P Percentage exemption |
| <input type="checkbox"/> H Resale | <input type="checkbox"/> Advertising (enter percentage) _____% |
| <input type="checkbox"/> I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project) | <input type="checkbox"/> Utilities (enter percentage) _____% |
| | <input type="checkbox"/> Electricity (enter percentage) _____% |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of Authorized Purchaser _____

Print Name Here _____

Title _____

Date _____