

## CONFIDENTIAL CREDIT APPLICATION FOR INDIVIDUALS THE GARDEN CITY CO-OP, INC. BOX 838, GARDEN CITY, KS 67846 620-275-6161

| NameSpouseSelf SpouseSelf SpouseSelf SpouseSelf SpouseSelf Spouse  | Date               | Home Phone             |                      | Work Phone   |       |
|--|--------------------|------------------------|----------------------|--------------|-------|
| Self Spouse Self Spouse Mailing Address  | Name               |                        | Spouse               |              |       |
| Mailing Address  |                    |                        | Date of Birth_       |              |       |
| CityStateZipStreet Address (If Different From Above)Previous AddressPhone  |                    | •                      | Howle                |              | •     |
| Street Address (If Different From Above)  Previous Address Own Rent Furnished By Employer Landlord Name Phone  SELF EMPLOYED = USE THIS SECTION Name of Business Address How Long in Business Years. Approximate Monthly Income \$ Type of Business Address Position Supervisor How Long Employed by Above Wages \$ Previous Employer (If Less Than 1 Year) Address Phone Spouse Employer Address Phone Spouse Employer Address Position Supervisor Address Position Supervisor Address Phone Spouse Employer Address Phone Spouse Employer Address Phone Spouse Employer Address Position Supervisor Wages \$ Position Supervisor Position Position Supervisor Wages \$ Pos   |                    |                        |                      |              |       |
| Previous Address OwnRentFurnished By EmployerLandlord NamePhone  SELF EMPLOYED - USE THIS SECTION Name of BusinessAddress How Long in BusinessYears. Approximate Monthly Income \$ Type of BusinessAddress  NOT SELF EMPLOYED - USE THIS SECTION Name of EmployerAddress PositionSupervisor How Long Employed by AboveWages \$ Previous Employer (If Less Than 1 Year)Address  |                    |                        |                      |              |       |
| SELF EMPLOYED - USE THIS SECTION  Name of Business Address How Long in Business Years. Approximate Monthly Income \$ Type of Business Address  NOT SELF EMPLOYED - USE THIS SECTION  Name of Employer Address Position Supervisor How Long Employed by Above Wages \$ Previous Employer (If Less Than 1 Year) Address Phone Spouse Employer Address  |                    |                        |                      |              |       |
| SELF EMPLOYED - USE THIS SECTION  Name of Business   |                    |                        |                      |              | Dhono |
| SELF EMPLOYED – USE THIS SECTION  Name of Business   | OwnRent            | Furnished by Employer_ | Landiord Name        |              | Pnone |
| SELF EMPLOYED – USE THIS SECTION  Name of Business   |                    |                        |                      |              |       |
| Name of Business   |                    |                        |                      |              |       |
| How Long in BusinessYears. Approximate Monthly Income \$   | SELF EMPLOYED -    | USE THIS SECTION       |                      |              |       |
| NOT SELF EMPLOYED – USE THIS SECTION  Name of Employer Address  Position Supervisor How Long Employed by Above Wages \$  Previous Employer (If Less Than 1 Year)  Address Phone  Spouse Employer Address  Position Supervisor Wages \$   | Name of Business_  |                        | Address              |              |       |
| Not self employed – use this section  Name of EmployerAddress  PositionSupervisor  How Long Employed by AboveWages \$  Previous Employer (If Less Than 1 Year)  AddressPhone  Spouse EmployerAddress  PositionSupervisorWages \$   | How Long in Busine | essYear                | s. Approximate Month | ly Income \$ |       |
| Not self employed – use this section  Name of EmployerAddress  PositionSupervisor  How Long Employed by AboveWages \$  Previous Employer (If Less Than 1 Year)  AddressPhone  Spouse EmployerAddress  PositionSupervisorWages \$   | Type of Business   |                        |                      |              |       |
| Not self employed – Use this section  Name of EmployerAddress  PositionSupervisor  How Long Employed by AboveWages \$  Previous Employer (If Less Than 1 Year)  AddressPhone  Spouse EmployerAddress  PositionSupervisorWages \$   |                    |                        |                      |              |       |
| Name of Employer   |                    |                        |                      |              |       |
| Name of Employer   |                    |                        |                      |              |       |
| PositionSupervisorHow Long Employed by AboveWages \$   |                    |                        |                      |              |       |
| How Long Employed by AboveWages \$   | Name of Employer   |                        | Address              |              |       |
| Previous Employer (If Less Than 1 Year)  | Position           |                        | Supervisor           |              |       |
| AddressPhone  Spouse EmployerAddress  PositionSupervisorWages \$   | How Long Employe   | d by Above             | Wages \$             |              |       |
| Spouse EmployerAddress PositionSupervisorWages \$  | Previous Employer  | (If Less Than 1 Year)  |                      |              |       |
| PositionSupervisorWages \$   | Address            |                        |                      | Pho          | one   |
| PositionSupervisorWages \$   | Spouse Employer    |                        | Addre                | SS           |       |
|  |                    |                        |                      |              |       |
| TO THUS BUTTOUT FOUND TO THE STATE OF THE ST |                    | •                      |                      |              |       |
|  |                    |                        |                      |              |       |

PLEASE COMPLETE THE BACK OF THIS FORM OR CREDIT APPLICATION IS INVALID

## **ALL APPLICANTS – USE THIS SECTION**

| concerning me (us) which may be requested by the Garden City Co-op, Inc. |                         |              |  |  |  |
|--|-------------------------|--------------|--|--|--|
| Bank   |                         |              |  |  |  |
| Account Numbers: Checking  | Savings                 | Loan         |  |  |  |
| Credit References: <u>Firm</u>   | <u>Address</u>          | <u>Phone</u> |  |  |  |
| 1  |                         |              |  |  |  |
| 2  |                         |              |  |  |  |
| 3  |                         |              |  |  |  |
| Amount of Credit Requested on 30 Day Basis \$Amount Approved\$           |                         |              |  |  |  |
| Have you Been Adjudged Bankrupt Within                                   | n the Last 7 Years? Yes | No           |  |  |  |
| Signature  | gnatureSpouse Signature |              |  |  |  |

I (We) do hereby authorize those persons or firms listed below to truly divulge any and all credit information

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from the public program, or because the applicant has in good faith exercised any right under the Consumer credit Protection Act. The federal agency that administers compliance with the law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580

## THE GARDEN CITY CO-OP, INC. PO BOX 838 GARDEN CITY, KS 67846 620-275-6161

To be completed by Patron – PLEASE PRINT

The Garden City Co-op, Inc.

|  | Account Number   |
|--|--|
| (Patron's Name)  |  |
| This agreement is made and entered into on the date be<br>Inc. of Garden City, Kansas. Herinafter referred to as The<br>Credit Protection Act (Federal Truth in Lending Act) and   | e Garden City Co-op, Inc. pursuant to the Consumer   |
| The Garden City Co-op, Inc. agrees that if this Agreemen approved credit account, it shall allow the patron or age and the Patron agrees to pay for any goods or services so   | nts thereof to purchase goods or services on credit,   |
| <b>DUE DATE:</b> All purchases made on credit during the mobilling period statement.   | nth are due and payable upon receipt of a monthly  |
| <b>CONVENIENCE CREDIT:</b> If all purchases on the Patron's a the accounting period after a periodic statement is maile charges. Payments will be credited to the account on the   | ed, the account shall not be subject to finance  |
| FINANCE CHARGE: Any balance not paid by the last day statement is mailed shall be subject to a FINANCE CHARGE PERCENTAGE RATE of 18%. Said FINANCE CHARGE to ap day of the billing cycle carried over from the prior month FINANCE CHARGE shall be \$5.00 per month. | <b>GE</b> of 1.5% per month, which is an <b>ANNUAL</b> oply to the unpaid balance on the account on the last |
| <b>TERMINATION OF CREDIT:</b> The Garden City Co-op, Inc. of Patron at any time. No further credit privileges shall be unless prior arrangements have been made with the Garden City Co-op, Inc. of Patron at any time.  | allowed on any account with a past due balance   |
| <b>FINANCIAL STATEMENT:</b> The Garden City Co-op, Inc. ret statement at any time that it is deemed necessary to jus   |  |
| <b>CHANGES IN TERMS:</b> The Garden City Co-op, Inc. reserv written notice within the limitations of the applicable law  |  |
| <b>CONTRACT SALES:</b> Grain sales or sales on contracts will contract.  | be subject to the terms and provisions of the  |
| <b>AGENT:</b> Until notified in writing to the contrary by the P the Patron's spouse, children over the age of 16 years, a goods or services and charge them to the Patron's account   | nd employees, if any, are authorized to purchase   |
| (Patron's Name)  |  |

\_\_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_\_