

**Glacial Plains Cooperative
P O Box 47
Murdock MN 56271**

Confidential Credit Application and Agreement

Amount Requested: _____

Applicant Legal Name: _____

Social Security Number/Federal Tax ID: _____

Date of Birth: _____

Co-Applicant Legal Name: _____

Social Security Number/Federal Tax ID: _____

Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Applicant is: Individual Sole Proprietor Business Partnership Corporation

Present Employer: _____ **Years there:** _____

Monthly Gross Income: _____

Bank/Lender Reference _____

Contact Person: _____ **Mailing Address:** _____

Phone: _____

Other Reference _____

Contact Person: _____ **Mailing Address:** _____

Phone: _____

Have you ever filed Bankruptcy or have any pending judgements against you? Y N

Authorization:

Applicants(s) represent that this statement is true and complete. The undersigned hereby authorizes any bank and or other grantor of credit to provide Glacial Plains Cooperative, their designates, or assigns information regarding the character, reputation, financial responsibility and indebtedness of the undersigned. In addition, I, the undersigned, authorizes Glacial Plains Cooperative, their designates, or assigns, to pull credit reports and lien searches from credit reporting agencies.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____