

1630 1st Ave S • Casselton, ND 58012 • (701) 347-4465 • 1-800-568-5402

CONFIDENTIAL CREDIT APPLICATION

APPLICANT LEGAL NAME		SOCIAL SECURITY/FEDERAL ID #		BIRTHDATE		
CO-APPLICANT LEGAL NAME		SOCIAL SECURITY/FEDERAL ID #		BIRTHDATE		
OFFICIAL BUSINESS NAME		YEAR BUSINES S STARTED		HOME PHONE #		CELLPHONE#
MAILING ADDRESS		CITY		STATE		ZIP CODE
TYPE OF BUSINESS:	INDIVIDUAL PARTNERSHIP CORPORATION	\$	CREDIT LINE RE	QUESTED		
BANK REFERENCE: NAME	MAILING ADDI	RESS CITY	Z STATE	ZIP CODE	PHONE #	YEARS DONE BUSINESS PAYMENTS CURRENT? YES NO
TRADE REFERENCE NAME	MAILING ADD	RESS CITY	Z STATE	ZIP CODE	PHONE #	YEARS DONE BUSINESS PAYMENTS CURRENT? YES NO
TRADE REFERENCE NAME	MAILING ADD	RESS CITY	STATE	ZIP CODE	PHONE #	YEARS DONE BUSINESS PAYMENTS CURRENT? YES NO
Have you ever filed a bankruptcy petition within the last 7 years? Are any judgments pending against you?				NO NO		1L510

IMPORTANT PLEASE READ

If applicant(s) fail to pay any invoice amounts due by their respective net due dates, applicant(s) agree to pay all FINANCE CHARGES on the unpaid balance of all old invoices, less any applicable payments and credits, from the date the total amount of each invoice is due and payable at an ANNUAL PERCENTAGE RATE of EIGHTEEN PERCENT (18%), or the highest applicable and lawful-rate on such unpaid balance whichever is lower. It is further understood and agreed that applicant(s) will be responsible for payment of all collection cost and reasonable attorney's fees in the event that it becomes necessary to place any past due account with an agency or an attorney at law for collection.

This agreement shall be construed as having been delivered in the State of North Dakota and shall be construed in accordance of the laws of the State of North Dakota. All parties hereto expressly agree that venue shall be in the State of North Dakota, County of Cass only, and the undersigned hereby consent to the jurisdiction of the Courts of the State of North Dakota, County of Cass, and the U.S. District Courts for the District of North Dakota.

Creditors, including but not limited to credit reporting agencies, state and national banks, FSA and others, are hereby authorized to disclose to Creditor any information relative to any of applicant(s) loans, accounts, purchases, other financial transactions, production or marketing information or other pertinent information, whether past, present, or future, with said creditor(s).

REQUEST AND AUTHORIZATON

Applicant(s) represent that this statement is true and complete. The undersigned hereby authorizes any bank or other grantor of credit to provide Maple River Grain & Agronomy, LLC information regarding the character, reputation, financial responsibility and indebtedness of the undersigned.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

PLEASE SIGN AND DATE BACK SIDE

AUTHORIZATION FORM

This authorization and all support information is the property of: Hereinafter referred to as creditor, located at: Maple River Grain & Agronomy, LLC 1630 1st Ave S. Casselton, ND 58012

This will be lender's authority and my request to you to release the following information regarding inquiries creditor deems necessary related to all current and future credit requests, whether for personal or business purposes. This authorization will remain in effect until cancelled by applicant(s) in writing.

- ✓ Creditor is authorized to make credit checks or inquires concerning applicant(s) creditworthiness, any matters relating to assets, liabilities, and references any credit application and support information, any subsequent application and support information; or any loan servicing request or action on any loan resulting from credit application.
- ✓ Creditor is authorized to file all required financing statements and amendments to financing statements, and all terminations of the filings of other secured parties, all with respect to any collateral to secure current and future credit requests, in such form and substance as the Creditor, in its sole discretion, may determine.
- ✓ Creditors, including but not limited to credit reporting agencies, state and national banks, FSA and others, are hereby authorized to disclose to Creditor any information relative to any of applicant(s) loans, accounts, purchases, other financial transactions, production or marketing information or other pertinent information, whether past, present, or future, with said creditor(s).
- ✓ Income tax and financial statement preparers are hereby authorized to provide to Creditor any information relative to any past or present credit application or existing loan, at any time, as requested by Creditor.
- ✓ Insurance providers are hereby authorized to provide to Creditor any information relative to any past or present credit application or existing loan, at any time, as requested by Creditor and to include Creditor as loss payee.
- ✓ Creditor is authorized to share with credit reporting agencies and creditors doing business, or who may do business with applicant(s), information regarding this extension of credit, any subsequent transactions or loan servicing actions resulting from any extension of credit, and applicant(s) general credit history.
- ✓ FSA, SCS and other county, state, and federal agencies are authorized to make available all aerial maps, land descriptions, water and soil data, commensurate or base property qualifications, grazing survey data, crop yield or productions data, and other pertinent data covering any estate owned, rented, and /or optioned by applicant(s).
- ✓ Photocopies of this authorization may be presented to and relied upon by applicant(s) creditors and others as evidence of applicant(s) authorization to release information to the Creditor.

At the Creditor's discretion, we may communicate information solely about our transactions or experiences with you to persons related to us by common ownership or affiliated by corporate control. The Creditor may also, at our discretion, communicate other information to these same persons. If you do not authorize the release of this information to our affiliates, please check the following box.

x		X	
APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
X		X	
APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE