

1850 Governors Drive • Casselton, ND 58012 • (701) 347-4465

CONFIDENTIAL CHARGE ACCOUNT APPLICATION

| APPLICANT LEGAL NAME CO-APPLICANT LEGAL NAME OFFICIAL BUSINESS NAME | | SOCIAL SECURITY/FEDERAL ID # SOCIAL SECURITY/FEDERAL ID # YEAR BUSINES S STARTED | | | | | |
|--|--|---|--|---|---|--|--|
| | | | | | | | |
| | | | | | MAILING ADDRESS | | CITY |
| TYPE OF BUSINESS: | INDIVIDUAL PARTNERSHIP CORPORATION | | CRE | DIT LINE REG | QUESTED | | |
| BANK REFERENCE: NAME | MAILING ADI | DRESS | CITY | STATE | ZIP CODE | PHONE # | YEARS DONE BUSINESS PAYMENTS CURRENT? YES NO |
| TRADE REFERENCE NAME | MAILING ADI | PRESS | CITY | STATE | ZIP CODE | PHONE # | YEARS DONE BUSINESS PAYMENTS CURRENT? |
| TRADE REFERENCE NAME | MAILING ADI | DRESS | CITY | STATE | ZIP CODE | PHONE # | YEARS DONE BUSINESS PAYMENTS CURRENT? |
| Have you ever filed Are any judgments p | a bankruptcy petition pending against you? | within the | last 7 years? | YES YES | | | YES NO |
| FINANCE CHARGES of and payable at an ANNU whichever is lower. It is the event that it becomes This agreement shall be to Dakota. All parties hereto jurisdiction of the Courts Creditor is authorized to all with respect to any cold Creditors, including but n information relative to an information, whether past REQUEST AND AU Applicant(s) represent the Account Policy and agree | any invoice amounts within the unpaid balance of all AL PERCENTAGE RAT urther understood and agrinecessary to place any particular of the State of North Dake file all required financing allateral to secure current and of limited to credit reportity of applicant(s) loans, accept, present, or future, with s | old invoices, I E of EIGHTEE eed that applic to due account of elivered in the tota, County of of tatatements and id future crediting agencies, structures, sur- counts, purchase aid creditor(s). | less any applicable EN PERCENT (18 ant(s) will be resp with an agency or State of North Da e State of North E Cass, and the U.S. amendments to fir requests, in such ate and national bees, other financial emplete. The undergrees and authorized | e payments and 8%), or the high sonsible for pay an attorney at a kota and shall loakota, County District Courts and substanks, FSA and I transactions, parsigned hereby es any bank or | credits, from the lest applicable and ment of all collection. The construed in according to the construction and all terminance as the Credit others, are hereby production or mark agrees to have reconstructed. | date the total and I lawful-rate on tion costs and recordance of the the undersigned of North Dakota. Inations of the fillor, in its sole disauthorized to discetting information of the serious authorized to discetting information of the serious deliveration of the serious discentification of the serious discentificat | nount of each invoice is due such unpaid balance asonable attorney's fees in laws of the State of North hereby consent to the ings of other secured parties, secretion, may determine. seclose to Creditor any on or other pertinent the Customer Charge |
| XAPPLICANT'S SIGNAT | URE | DATE | X APPLIO | CANT'S SIGN | ATURE | DAT | TE |



AUTHORIZATION FORM

This authorization and all support information is the property of: Maple River Coop DBA MRGA Hereinafter referred to as creditor, located at: 1850 Governors Drive

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 |
| Ϋ́ | | X | |
| APPLICANT'S SIGNATURE | DATE | APPLICANT'S SIGNATURE | DATE |