



CREDIT APPLICATION

THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER.

INFORMATION ABOUT YOURSELF (Applicant) **Credit Requested \$**

MARITAL STATUS: SINGLE MARRIED

NAME (LAST-FIRST-MIDDLE) -- PLEASE PRINT _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

CURRENT ADDRESS _____ HOW LONG _____ NO. DEPENDENTS _____ HOME \ CELL PHONE NO. _____

PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT CURRENT ADDRESS) _____ HOW LONG _____

PRESENT EMPLOYER _____ HOW LONG _____ OCCUPATION _____

EMPLOYER'S ADDRESS _____ PHONE NO. _____ TAKE HOME PAY _____

NEAREST RELATIVE *NOT* LIVING WITH YOU / RELATIONSHIP _____ ADDRESS _____ PHONE NO. _____

SOURCE(S) OF OTHER INCOME. (Need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)

Alimony Child Support Maintenance Payment Other Income : _____

Is this a Farm Account (Yes/No)? _____ If "Yes", Please answer questions below, otherwise skip to next section.

Are you a Member of our Co-op(Yes/No)? _____ If "No", Do you need a Membership Application(Yes/No)? _____

INFORMATION ABOUT YOUR SPOUSE / CO-APPLICANT (IF APPLICABLE)
 Co-Applicant must sign for this credit information to be considered. Co-Applicant will be contractually liable on this account.

NAME (LAST-FIRST-MIDDLE) -- PLEASE PRINT _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

CURRENT ADDRESS _____ HOW LONG _____ NO. DEPENDENTS _____ HOME \ CELL PHONE NO. _____

PRESENT EMPLOYER _____ HOW LONG _____ OCCUPATION _____

EMPLOYER'S ADDRESS _____ PHONE NO. _____ TAKE HOME PAY _____

INFORMATION ABOUT YOUR BUSINESS (IF APPLICABLE)

LEGAL NAME OF BUSINESS -- PLEASE PRINT _____ TAX ID NO. / (FEIN#) _____

BUSINESS ADDRESS _____ PHONE NO. _____

TYPE OF BUSINESS _____ DATE OF INCORPORATION _____ PRINCIPAL OWNER(S) _____ TITLE _____

LLC Corp. Gen. Partnership _____

Sole Proprietor _____

**** MUST PROVIDE FINANCIAL STATEMENTS FOR LAST TWO (2) YEARS.
 ** UNCONDITIONAL GUARANTY IS REQUIRED IF YOUR COMPANY HOLDS NO ASSETS.**

Is this a Farm Account (Yes/No)? _____ If "Yes", Please answer questions below, otherwise skip to next section.

Are you a Member of our Co-op(Yes/No)? _____ If "No", Do you need a Membership Application(Yes/No)? _____

YOUR CREDIT REFERENCES

List all charge accounts, installment contracts, credit cards and debts currently outstanding or recently paid. (Use extra sheet if necessary)

NAME & ADDRESS OF CREDITOR	PHONE # / FAX #	TYPE OF DEBT or ACCOUNT NUMBER	NAME ON THE ACCOUNT	HIGH BALANCE or CREDIT LIMIT	CURRENT BALANCE
----------------------------	-----------------	--------------------------------	---------------------	------------------------------	-----------------

BANK REFERENCES: NAME	ADDRESS	PHONE/ FAX#	ACCOUNT NO
-----------------------	---------	-------------	------------

TYPE OF ACCOUNT	IF LOAN AMOUNT OWED: MONTHLY PAYMENT
CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/>	OWED \$ _____ PAYMENTS \$ _____

OTHER OBLIGATION(S) AND AMOUNT(S)	\$	PER
Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance Payment <input type="checkbox"/> Other :		

DWELLING: TYPE:	MORTGAGE HOLDER / LANDLORD	AMOUNT OWED
OWN <input type="checkbox"/> RENT <input type="checkbox"/> AND ADDRESS		

HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS?	MONTHLY PAYMENT
YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO WHERE: _____	

ARE THERE ANY GARNISHMENTS OR UNSATISFIED JUDGEMENTS PRESENTLY LEVIED AGAINST YOU?	YEAR
YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: _____	

PRODUCTS & SERVICES TO BE PURCHASED

List all products and/or services you plan to use at the Co-op. Attach extra sheet if necessary.

IF HEATING REQUEST: SIZE OF TANK (GAL)	TYPE OF FUEL	LOCATION	PREVIOUS SUPPLIER	PHONE NO.
--	--------------	----------	-------------------	-----------

The applicant has delivered this statement to creditor to induce creditor to extend credit to the applicant. Everything that I have stated in this application is correct to the best of my knowledge. The applicant understands that the creditor will rely on the truth, accuracy, and completeness of this statement. The applicant certifies that the information inserted herein has been carefully read and is true, correct and complete. I/We hereby authorize the Superior Ag Resources Co-op, Inc. to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer questions about your credit experience with me.

I/We agree to pay the balance due and, in addition, all applicable FINANCE CHARGES which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time including, but not limited to, periodic statements sent to me setting forth the outstanding obligations I/we have to you.

I/we hereby agree to pay all attorney fees and court cost if this account is referred to attorney for collection, without relief from valuation and appraisal laws.

A **Finance Charge** may be imposed if the unpaid balance shown on the current statement as the **New Balance** is not paid before due date.

If a **Finance Charge** is added it is computed on the **Average Daily Balance** appearing on the face of this statement, at a periodic rate of 1.75% per month, which is an **Annual Percentage Rate** of 21% or the highest prevailing rate provided by law.

SEE ACCOMPANYING STATEMENT(S) FOR IMPORTANT INFORMATION. THE TERMS OF SAID STATEMENT(S) ARE INCORPORATED BY REFERENCE HEREIN AND MADE A PART HEREOF:

APPLICANT'S SIGNATURE _____	DATE _____	CO-APPLICANT'S SIGNATURE _____	DATE _____
-----------------------------	------------	--------------------------------	------------

PRESIDENT / BUSINESS SIGNATURE _____	TITLE _____	DATE _____
--------------------------------------	-------------	------------

FOR OFFICE USE ONLY: Date: _____ Dept. _____ Amount \$ _____

Approved _____ Denied _____ By: _____

YOUR CREDIT REFERENCES (Extra Sheet)

List all charge accounts, installment contracts, credit cards and debts currently outstanding or recently paid.

CREDITOR'S NAME & ADDRESS	ACCOUNT #		
	PHONE NUMBER		CREDIT LIMIT
	FAX NUMBER		HIGH BALANCE
	ANNUAL \$ VOLUME		CURRENT BALANCE
	E-MAIL ADDRESS		

CREDITOR'S NAME & ADDRESS	ACCOUNT #		
	PHONE NUMBER		CREDIT LIMIT
	FAX NUMBER		HIGH BALANCE
	ANNUAL \$ VOLUME		CURRENT BALANCE
	E-MAIL ADDRESS		

CREDITOR'S NAME & ADDRESS	ACCOUNT #		
	PHONE NUMBER		CREDIT LIMIT
	FAX NUMBER		HIGH BALANCE
	ANNUAL \$ VOLUME		CURRENT BALANCE
	E-MAIL ADDRESS		

CREDITOR'S NAME & ADDRESS	ACCOUNT #		
	PHONE NUMBER		CREDIT LIMIT
	FAX NUMBER		HIGH BALANCE
	ANNUAL \$ VOLUME		CURRENT BALANCE
	E-MAIL ADDRESS		

CREDITOR'S NAME & ADDRESS	ACCOUNT #		
	PHONE NUMBER		CREDIT LIMIT
	FAX NUMBER		HIGH BALANCE
	ANNUAL \$ VOLUME		CURRENT BALANCE
	E-MAIL ADDRESS		

CREDITOR'S NAME & ADDRESS	ACCOUNT #		
	PHONE NUMBER		CREDIT LIMIT
	FAX NUMBER		HIGH BALANCE
	ANNUAL \$ VOLUME		CURRENT BALANCE
	E-MAIL ADDRESS		