



INDIVIDUAL CREDIT APPLICATION

LAST NAME		FIRST	M.I.	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY	YEARS THERE	
HOME PHONE		CELL PHONE		E MAIL			
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	NO. OF DEPENDENTS	
PRESENT EMPLOYER		YEARS THERE	POSITION (IF SELF EMPLOYED-NATURE OF BUSINESS)			MONTHLY INCOME	
ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE		
PREVIOUS EMPLOYER			YEARS THERE	POSITION			
NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP			
OTHER INCOME				SOURCE			
\$							
WHAT PRODUCTS/SERVICES ARE YOU INTERESTED IN? PROPANE (LP) <input type="checkbox"/> FUELS <input type="checkbox"/> AGRONOMY <input type="checkbox"/> AUTO, TRUCK & TIRE SHOP <input type="checkbox"/> HOLIDAY <input type="checkbox"/>							

CO-APPLICANT(IF APPLICABLE)

NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH		RELATIONSHIP	
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	PHONE NUMBER	
EMPLOYER NAME AND ADDRESS			YEARS THERE	POSITION		MONTHLY INCOME	
CHECKING ACCOUNT NO/BANK		SAVINGS ACCOUNT NO/BANK		NEAREST RELATIVE NOT LIVING WITH YOU			
LOAN OR ACCT OBLIGATION, IF DIFFERENT FROM APPLICANT				ACCOUNT NO	BALANCE	PAYMENT	

I agree that the following terms will govern any purchases made which are charged to any charge account that I may have with Mid-County Coop.

1. I will pay the entire balance showing within 30 days of billing date and I understand that if any portion of my balance remains unpaid for more than 60 days, I will be placed on a cash basis until that amount is paid.
2. I understand that A FINANCE CHARGE OF 1.5%, which is an (ANNUAL PERCENTAGE RATE OF 18%) per year will be applied to that part of any balance that resulted from purchases made during a calendar month, but not paid before the last of the following month plus any previous balance that remained unpaid.
3. Payments shall be applied first to the unpaid finance charge, then to the remaining outstanding balance.
4. In the event that collection proceedings must be instituted to collect any balance due, I will pay your court costs and reasonable attorney fees.
5. If applying for a joint account, both of us agree to be bound by the terms of this agreement and each of us agree to be jointly and severally liable for payment of all purchases made under this agreement.
6. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. You may at your option declare the entire balance due and payable.

NOTICE: See reverse side for important information regarding your right to dispute billing errors.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT SIGNATURE		DATE	OTHER SIGNATURE (Where Applicable)		DATE
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P.O. Box 177, 700 Lake St. West, Cologne, MN 55322

952.466.3720 (phone)

952.466.3715 (fax)

