



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 ADDRESS		
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		
WHAT PRODUCTS/SERVICES ARE YOU INTERESTED IN?				PROPANE (LP) <input type="checkbox"/>	FUELS <input type="checkbox"/>	AGRONOMY <input type="checkbox"/>
				TRUCK CENTER <input type="checkbox"/>	HOLIDAY <input type="checkbox"/>	
EMAIL ADDRESS(ES) FOR PAPERLESS BILLING						

CO-APPLICANT(IF APPLICABLE)

NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH		
EMAIL ADDRESS		CELL PHONE		RELATIONSHIP		
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	PHONE NUMBER
EMPLOYER NAME AND ADDRESS			YEARS THERE	POSITION		MONTHLY INCOME

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 PRECENTAGE 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.

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	CO-APPLICANT SIGNATURE	DATE
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3/10/2025

P.O. Box 177, 700 W. Lake St., Cologne, MN 55322

952.466.3720 (phone)

credit@midcountycoop.com

