

Dept. _____

Employee: _____

Premier Cooperative Customer Patronage Account, Credit Agreement and Disclosure (3-16-10)

Check One: _____ New Account _____ Change Information (Name or Address)

Legal Name (name used for income tax reporting)																													
Other Description (if any)																													
Street Address, Rural Route, or "other" Identification																													
City															State					Zip Code									

Commercial Account Application

Trade Name (if any) _____ Name to be used for billing _____

Mailing Address _____ City _____ State _____ Zip Code _____ Telephone Number with Area Code _____

Type of Ownership Individual Owner Partnership Corporation
(Check One) Government Club or Association Other

Indicate below the Names and Titles of Owners, Officers, or Partners

Name _____ Home Address _____ Social Security Number and Birth Date _____ % Ownership _____

Name _____ Home Address _____ Social Security Number and Birth Date _____ % Ownership _____

Name _____ Home Address _____ Social Security Number and Birth Date _____ % Ownership _____

Nature of Business _____ If a Subsidiary, indicate name of parent corporation _____

If a corporation, date of incorporation _____ State incorporated _____

Amount of credit requested \$ _____ Will a purchase order be issued for each purchase? (circle one) Yes No

List name(s) of person(s) authorized to charge on this account _____

Suppliers or Trade References (Within Last Six Months)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Bank References

Name _____ Address _____ Checking/Savings/Loan _____

Bank Officer or Department _____ Checking Acct. or Loan Number _____ Phone Number _____

I (We) certify that the above information is true to the best of my (our) knowledge. I (We) have read the terms and conditions on the REVERSE SIDE of this form and agree to comply with all credit terms. In addition, I give Premier Cooperative permission to request and receive financial information on my accounts. The undersigned agree to personally be responsible, jointly and severally, for debts of the above corporation in favor of Premier Cooperative that may accrue including any attorney's fees or other costs in the collection of this account as allowed by law.

Signature _____ Date _____

Signature _____ Date _____

Thank you for your interest in becoming a member of Premier Cooperative. We look forward to serving you in the future.

Credit Approved by _____ (Manager)