

Dept. \_\_\_\_\_

Employee: \_\_\_\_\_

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

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

Check One:  Farm Account— I deduct purchases as tax deductible expenses from my income taxes

Farm account— I do not deduct purchases as tax deductible expenses from my income taxes

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

### Producer/Farm 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)