

Arrowwood Prairie Co-op

Application for Business Credit Account

Company Name:

Billing Address: PO Box #: City: State: Zip Code:

Street Address: PO Box #: City: State: Zip Code:

Main Office Phone Number: () - Local Phone Number: () -

Credit Card Number: Expiration Date: Security Code: Zip Code:

Federal Identification Number: Years in Business:

Type of Business: Proprietorship Partnership Corporation

Corporate Officers:

Is Financial Statement Available: Yes No General Manager:

Local Manager: Accounting Officer:

Information Required on Invoices:

Purchase Order Required? Yes No Who Authorizes Payment of Invoices:

People Allowed to Charge to This Account?

Where Do Payments Come From:

When Are Payments Normally Made:

Bank Name: Phone Number: () - Account Number:

Street Address: PO Box #: City: State: Zip Code:

Bank Officer in Charge of Account: Line of Credit Up To:

Credit References – At Least Two – Use Separate Sheet of Paper if You Need More Room

Name: Phone Number: () - Account Number:

Street Address: PO Box #: City: State: Zip Code:

Name: Phone Number: () - Account Number:

Street Address: PO Box #: City: State: Zip Code:

Average Expected Monthly Purchases: \$ This Is Not a Revolving Account

I(We) hereby apply for open account credit from Arrowwood Prairie Co-op and acknowledge receipt of the INITIAL DISCLOSURE STATEMENT – OPEN END CREDIT ACCOUNT – ARROWWOOD PRAIRIE CO-OP, which explains all finance charges and terms and conditions of payment. I(we) understand that this account is for open ended credit and is not a revolving account. I(we) also understand that if Arrowwood Prairie Co-op is required to take court action to recover any claims, any/all fees resulting from said action will be my(our) responsibility.

Signature: Title: Date: / /

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What Products are You Interested in? Bulk Fuel Livestock Equipment Fertilizer/Seed Fencing
 Feed/Animal Health Misc. Merchandise Other:

Return to: Hazel Mattice - Credit Manager

PO Box 197 Wimbledon, ND 58492

hazel@farmersunionoil.com

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