

Arrowwood Prairie Co-op

Application for Non - Business Credit Account

Applicant's Name:

Social Security Number: - -	Date of Birth: / /
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Street Address:	PO Box #:	City:	State:	Zip Code:
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Mailing Address:	PO Box #:	City:	State:	Zip Code:
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Phone Number: () -	How Long at this Address:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Payment: \$
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Former Address (If at Current Address Less than 3 Years): Street:	PO Box #:	City:	State:	Zip Code:
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Landlord Name (If Renting):	Phone Number: () -
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Current Employer:	Phone Number: () -
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Street Address:	PO Box #:	City:	State:	Zip Code:
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Position:	Number of Years Employed:	Salary: \$
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Former Employer (If Less than 1 Year):	Phone Number: () -
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Street Address:	PO Box #:	City:	State:	Zip Code:
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Bank Reference:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:
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Street Address:	PO Box #:	City:	State:	Zip Code:
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Credit References – At Least Three – Use Separate Sheet of Paper if You Need More Room

Name:	Phone Number: () -
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Street Address:	PO Box #:	City:	State:	Zip Code:
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Name:	Phone Number: () -
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Street Address:	PO Box #:	City:	State:	Zip Code:
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Name:	Phone Number: () -
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Street Address:	PO Box #:	City:	State:	Zip Code:
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Note: An applicant, though married, may apply for a separate account in his/her name. So, that your rights may be fully recognized, please indicate with a checkmark if the following applies:

My spouse will also use this account
 My spouse's income should be considered when evaluating this application

Spouse's Name:	Date of Birth: / /	Social Security Number: - -
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Spouse's Employer:	Position:	Length of Employment:
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Name of Nearest Relative NOT Living with Applicant:

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

Applicant's Signature:	Date: / /
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Spouse's Signature (If Joint Account):	Date: / /
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What Products are You Interested in? <input type="checkbox"/> Bulk Fuel <input type="checkbox"/> Livestock Equipment <input type="checkbox"/> Fertilizer/Seed <input type="checkbox"/> Fencing <input type="checkbox"/> Feed/Animal Health <input type="checkbox"/> Misc. Merchandise <input type="checkbox"/> Other:	
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Return to: Hazel Mattice - Credit Manager
 PO Box 197 Wimbledon, ND 58492
 hazel@farmersunionoil.com
 1-701-435-2406 | 1-866-247-0111 | Fax 701-435-2278