

WEST-CON

101 Rand Street • Holloway, MN 56249 • (320) 394-2171 • 1-800-368-3310

CONFIDENTIAL CREDIT APPLICATION

APPLICANT LEGAL NAME	SOCIAL SECURITY/FEDERAL ID #	BIRTHDATE				
CO-APPLICANT LEGAL NAME	SOCIAL SECURITY/FEDERAL ID #	BIRTHDATE				
OFFICIAL BUSINESS NAME	YEAR BUSINESS STARTED	HOME PHONE #	CELLPHONE#			
MAILING ADDRESS	CITY	STATE	ZIP CODE			
<u>TYPE OF BUSINESS:</u>	INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____	CREDIT LINE REQUESTED \$ _____				
BANK REFERENCE: NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	PHONE #	YEARS DONE BUSINESS <u>PAYMENTS CURRENT?</u> YES ___ NO ___
TRADE REFERENCE NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	PHONE #	YEARS DONE BUSINESS <u>PAYMENTS CURRENT?</u> YES ___ NO ___
TRADE REFERENCE NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	PHONE #	YEARS DONE BUSINESS <u>PAYMENTS CURRENT?</u> YES ___ NO ___
Have you ever filed a bankruptcy petition within the last 7 years?						YES ___ NO ___
Are any judgments pending against you?						YES ___ NO ___

IMPORTANT PLEASE READ

If applicant(s) fail to pay any invoice amounts due by their respective net due dates, applicant(s) agree to pay all FINANCE CHARGES on the unpaid balance of all old invoices, less any applicable payments and credits, from the date the total amount of each invoice is due and payable at an ANNUAL PERCENTAGE RATE of EIGHTEEN PERCENT (18%), or the highest applicable and lawful-rate on such unpaid balance whichever is lower. It is further understood and agreed that applicant(s) will be responsible for payment of all collection cost and reasonable attorney's fees in the event that it becomes necessary to place any past due account with an agency or an attorney at law for collection.

This agreement shall be construed as having been delivered in the State of Minnesota and shall be construed in accordance of the laws of the State of Minnesota. All parties hereto expressly agree that venue shall be in the State of Minnesota, County of Swift only, and the undersigned hereby consent to the jurisdiction of the Courts of the State of Minnesota, County of Swift, and the U.S. District Courts for the District of Minnesota.

REQUEST AND AUTHORIZATION

Applicant(s) represent that this statement is true and complete. The undersigned hereby authorizes any bank or other grantor of credit to provide Western Consolidated Cooperative information regarding the character, reputation, financial responsibility and indebtedness of the undersigned.

X _____ X _____
APPLICANT'S SIGNATURE DATE APPLICANT'S SIGNATURE DATE

PLEASE SIGN AND DATE BACK SIDE

