

****Please Answer All Questions****

**Cooperative Elevator Co.
Petroleum & Farm Store Credit Application and Agreement**

Name: _____ Social Security # _____

Date of Birth _____ Driver's License # _____ State _____

Spouse: _____ Social Security # _____

Date of Birth _____ Driver's License # _____ State _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Yrs. at present address _____ Rent _____ Own _____ Buy _____

Closest Relative: _____ Phone: _____

Work History - Applicant

Employer _____ Phone: _____ Yrs. of Employment _____

Position: _____ Present Annual Earnings: \$ _____

Other Income: _____ Source: _____

Work History - Spouse

Employer _____ Phone: _____ Yrs. of Employment _____

Position: _____ Present Annual Earnings: _____

Other Income: _____ Source: _____

Banking Facilities

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Credit References

Business/Individual _____ Phone: _____ Amt. Owed: _____

Business/Individual _____ Phone: _____ Amt. Owed: _____

Business/Individual _____ Phone: _____ Amt. Owed: _____

Business/Individual _____ Phone: _____ Amt. Owed: _____

Materials or supplies needed _____ Amount of credit needed monthly: _____

Previous Supplier: _____ Phone: _____

(over please)

CREDIT TERMS: Applicant hereby requests credit terms and agrees to the established limits and conditions of such terms. These terms include the payment of all charges by the 20th of the month immediately following the purchase. Applicant agrees to make payments as necessary to keep the account balance within credit limits and terms. Payments not made within terms will be subject to late or contingent service charges. Should litigation ever become necessary to collect a delinquent account, applicant further agrees to pay Cooperative Elevator Co.'s legal fee(s).

Applicant guarantees and is personally responsible for the payment of all monies due and owing to Cooperative Elevator Co.

It is understood and agreed between the parties that this agreement does not constitute any obligation on the part of Cooperative Elevator Co. and credit privileges may be cancelled at any time.

This agreement shall be governed by and enforced in accordance with the laws of the State of Michigan.

By execution of this agreement, the parties consent to venue of Huron County, Michigan of any action brought to enforce the terms of this agreement or to collect any monies due under it.

It is understood and agreed between the parties that this agreement is binding upon the heirs, personal representatives, legal representatives, successors and assigns of the parties.

I hereby authorize all of my creditors to release to Cooperative Elevator Co. whatever information may be contained in their files pertaining to business and personal dealings with me. This may include, but is not limited to, a consumer credit report.

Signature (Applicant): _____ Date: _____

Signature (Spouse): _____ Date: _____

Upon completion, return this application to any Cooperative Elevator Co. office, or mail to:

**COOPERATIVE ELEVATOR CO.
ATTENTION: CREDIT DEPARTMENT
7211 E. MICHIGAN AVENUE
PIGEON, MI 48755**

Information requested by: _____ Division: _____

FOR CREDIT DEPARTMENT USE ONLY

Credit Decision: Approved Not Approved

Comments: _____

By: _____ Title: _____

Date: _____