

APPLICATION FOR OPEN CREDIT ACCOUNT TO:  
(please print or type)

(REV 01/03)

FARMERS CO-OPERATIVE GRAIN COMPANY  
338 MAIN STREET \* PO BOX 246 \* KINDE MI 48445  
PHONE: 989.874.4200 \*\* FAX: 989.874.5793

APPLICANT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ P.O. BOX: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ FEDERAL I.D. NO.: \_\_\_\_\_  
(must have social security number for credit report)

RESTRICTED USE PESTICIDE LICENSE NO: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

REFERENCES: (BANK & OPEN ACCOUNTS - INCLUDE PHONE NUMBER PLEASE)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SHOULD YOU APPROVE THIS APPLICATION, I (WE) AGREE TO PAY FOR ALL GOODS PURCHASED ACCORDING TO AGREED UPON TERMS AND I (WE) AGREE TO PAY FINANCE CHARGES OF 1.5% PER MONTH (18% APR) ON ALL PAST DUE PURCHASES. THE SELLER MAY DELAY ENFORCING TERMS AND RIGHTS WITHOUT LOSING THEM.

FARMERS CO-OPERATIVE GRAIN COMPANY IS AUTHORIZED TO CONTACT ANY REFERENCE OR BANKS LISTED ABOVE. IT IS UNDERSTOOD THAT ANY INFORMATION OBTAINED WILL BE CONFIDENTIAL AND USED SOLEY FOR GRANTING CREDIT.

\*\*\*\*\* PLEASE READ CAREFULLY AND INITIAL AT X \*\*\*\*\*

SHOULD THIS ACCOUNT BECOME DELINQUENT, AND IT IS NECESSARY TO HIRE A COLLECTION AGENCY, I (WE) AGREE TO PAY A MINIMUM OF 25% COLLECTION FEE BASED ON THE AMOUNT OF THE ACCOUNT COLLECTED X \_\_\_\_\_ OR IF AN ATTORNEY IS NECESSARY FOR SUIT, I (WE) AGREE TO PAY THE LEGAL LAW RATE ALONG WITH SUIT COSTS X \_\_\_\_\_.

AMOUNT OF CREDIT REQUEST: \$ \_\_\_\_\_ (IF BLANK MAX AMOUNT IS \$500)

I (WE) AM/ARE THE PERSON NAMED ABOVE AND I (WE) UNDERSTAND FEDERAL LAW PROVIDES THAT A PERSON WHO OBTAINS INFORMATION FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED NOT MORE THAT \$5,000.00 OR IMPRISONED NOT MORE THAT ONE YEAR OR BOTH. FURTHERMORE, I (WE) AUTHORIZE FARMERS CO-OPERATIVE GRAIN COMPANY TO OBTAIN MY CREDIT THROUGH A CREDIT-REPORTING AGENCY.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY OR NO CONSIDERATION WILL BE GIVEN TO THIS APPLICATION.