

# NorthernPartners Cooperative

Your Link to Success

APPLICATION  
FOR CREDIT

PO Box 560  
1000 6<sup>th</sup> Avenue  
Mendota, IL 61342  
Phone: (866) 773-6772 Fax: (815) 539-7051

Customer/Business Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Spouse Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Emergency Contact Person & Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ Applicator License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Applicant Information:**    \_\_\_ Individual    \_\_\_ Partnership    \_\_\_ Corporation    \_\_\_ Other  
Nature of Business \_\_\_\_\_  
Estimated Line of Credit \_\_\_\_\_  
Tax Status:    \_\_\_ Taxable    \_\_\_ Resale    \_\_\_ Government    \_\_\_ Agricultural Production  
(if your tax status is tax exempt please include copy of tax exempt form)

### Employment Information:

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Employed since \_\_\_\_\_  
Previous Employment \_\_\_\_\_ Phone \_\_\_\_\_

### Banking Information:

Primary Bank \_\_\_\_\_ Address \_\_\_\_\_  
Contact Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Years Doing Business \_\_\_\_\_

### Trade References:

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
Contact Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Years Doing Business \_\_\_\_\_ High Credit \$ \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
Contact Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Years Doing Business \_\_\_\_\_ High Credit \$ \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
Contact Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Years Doing Business \_\_\_\_\_ High Credit \$ \_\_\_\_\_

(over)

# **Northern Partners Cooperative**

## *Credit Policy*

**Credit Approval:** Credit will be extended to patrons who have established credit worthiness, and those who have completed a credit application and have been approved. Credit privileges may be revoked at any time. Patrons on the company's cash only list or persons who do not qualify for an open account must pay cash in full for all purchases.

**Statements:** A statement will be generated the last day of each month showing the beginning balance, purchases, payments and the month end balance owed by the patron. The new balance is due by the 20<sup>th</sup> of the month following the month the charge was made.

**Finance Charge:** The finance charge will be determined at a rate of 2% per month (Annual Percentage rate of 24%) with a minimum finance charge of \$5.00 per month. Finance charges will be added to all new balances over 20 days old and continuing until the balance is paid. Any statement showing a balance past its due date is considered past due. Payments and other credits are applied to accrued interest first, then to the principle amount.

**Past Due Accounts:** If an account is not paid in full in 90 days, no further credit is given and purchases will be cash only until the account is current again. Any account exceeding 90 days past due will be required to complete a new credit application. If an account is not paid in full at the end of 6 months legal action may be taken. When extra costs (attorney fees, court costs, etc.) are incurred for collection of payment, these costs will also be charged to the patron.

**NSF Issues:** There will be a service charge for any reason a customer's check is returned to Northern Partners Cooperative or ACH payment is declined.

### **Terms and Conditions of Credit:**

Applicant hereby authorizes Northern Partners Cooperative to investigate any reference herein listed or other data obtained from me from any person pertaining to my credit and financial responsibility. This includes contacting credit reporting and other third parties to determine the Applicant's creditworthiness. Applicant unconditionally guarantees to Northern Partners Cooperative prompt payment when due of all obligations under this account.

Applicant agrees to be responsible for all collection costs and attorney's fees incurred by Northern Partners Cooperative in connection with any delinquent account.

### **Authorizing Statement**

The undersigned:

- 1) certifies that all information in the credit application provided is true and correct
- 2) agrees to abide by the terms of Northern Partners Cooperative credit policy

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_