

CREDIT APPLICATION

Frenchman Valley Farmers Cooperative, Inc.
202 Broadway Street; PO Box 578
Imperial, NE 69033
1-800-538-2667

Applicant anticipates doing a majority of business with:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Benkelman | <input type="checkbox"/> Pine Bluffs, WY |
| <input type="checkbox"/> Chappell | <input type="checkbox"/> Wheatland, WY |
| <input type="checkbox"/> Grant | |
| <input type="checkbox"/> Holyoke | |
| <input type="checkbox"/> Imperial | |
| <input type="checkbox"/> Kimball | |
| <input type="checkbox"/> McCook | |

- Division:
- | |
|--|
| <input type="checkbox"/> Aerial Agronomy |
| <input type="checkbox"/> Agronomy |
| <input type="checkbox"/> Feed |
| <input type="checkbox"/> Grain |
| <input type="checkbox"/> Energy |

Applicant Name				Social Security/Tax ID #	
Co-Applicant Name				Social Security/Tax ID #	
Address		City	State	Zip Code	how long
Former Address				how long	
Home Phone #		Business Phone #			
Cell Phone #		Email Address			
Current Employer (applicant)	Address		Phone #		how long
Current Employer (co-applicant)	Address		Phone #		how long
Former Employers	Address		Phone #		how long
Account Type	<input type="checkbox"/> Personal	<input type="checkbox"/> Farming/Ranching	<input type="checkbox"/> Business		
Business Entity	<input type="checkbox"/> Individual	<input type="checkbox"/> *Corporation	<input type="checkbox"/> *Partnership	<input type="checkbox"/> *Other	

***If corporation, partnership, LLC or other non-personal entity, please list owners or principals and related information below:**

Name(s)	Social Security #	Title	Ownership (%)

Please list the name of your bank and/or lending agency and three (3) credit references.

Bank

Address _____ fax #: _____
City, State, Zip _____ phone #: _____

Lender

Address _____ fax #: _____
City, State, Zip _____ phone #: _____

Reference

Address _____ fax #: _____
City, State, Zip _____ phone #: _____

Reference

Address _____ fax #: _____
City, State, Zip _____ phone #: _____

Reference

Address _____ fax #: _____
City, State, Zip _____ phone #: _____

****please complete reverse side****

Credit Application Packet
Updated 12/2020

CREDIT INQUIRY AUTHORIZATION AND ACKNOWLEDGEMENT

The undersigned consents to a consumer credit report being issued to Frenchman Valley Farmers Cooperative, Inc. for the purpose of conducting its credit investigation and determining Applicant's creditworthiness.

THE UNDERSIGNED APPLICANT(S) WARRANTS THAT THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION, INCLUDING THE INFORMATION PROVIDED ON THE REVERSE SIDE, IS TRUE AND ACCURATE IN ALL RESPECTS.

Applicant (if individual)

Name: _____
Print

Signature: _____

Date: _____

Social Security Number: _____

Co-Applicant

Name: _____
Print

Signature: _____

Date: _____

Social Security Number: _____

Applicant (if business entity)

Name: _____
Print -- Applicant Name

By: _____
Signature of Officer

Name: _____
Print -- Name of Officer

Title: _____

Date: _____

Tax ID #: _____

PERSONAL CREDIT INQUIRY AUTHORIZATION

(For Business Entity Credit Applications Only)

The undersigned consents to a personal consumer credit report being issued to Frenchman Valley Farmers Cooperative, Inc. for the purpose of conducting its credit investigation and determining Applicant's creditworthiness. A signature and social security number are necessary for this authorization.

Principal/Owner of Applicant

Signature: _____

Print Name: _____, Personally

Date: _____

Social Security Number: _____

FOR CREDIT DEPARTMENT USE

- ☐ Credit approved
☐ Credit denied

Frenchman Valley Farmers Cooperative, Inc.

By: _____

Date: _____

Account #: _____

CREDIT AGREEMENT

Frenchman Valley Farmers Cooperative, Inc.
202 Broadway Street; PO Box 578
Imperial, NE 69033

Agreement

This Agreement made and entered into by and between the Frenchman Valley Farmers Cooperative, Inc., hereinafter referred to as "THE COOPERATIVE," is made in consideration of the mutual promises and agreements herein contained. It is understood and agreed that THE COOPERATIVE has agreed to extend credit to the PATRON'S accounts, and in consideration thereof the PATRON agrees that in the event this account is not paid in full within 30 days of the monthly statement date (typically the last day of each month) that interest at the rate of 1.33% per month, which is an annual percentage rate of 16% may be imposed upon said account until fully paid.

Credit Policy

1. The purpose of this credit policy is to extend convenience credit only to patrons and customers. All credit sales must be approved by the appropriate authority prior to the time of purchase.
2. All purchases made on credit during the month are due *on or before the 20th day of the month following the monthly statement they appear on.* This credit agreement does not allow for only partial payments. The **total statement balance owed is due** on or before the 20th of the following month.
3. A FINANCE CHARGE of 1.33% per month, which is an ANNUAL PERCENTAGE rate of 16% will be imposed on all unpaid principal balances over 30 days past due. The balance subject to FINANCE CHARGE in any given month is the previous months' statement balance, less deductions for payments and credits applied on or before the 20th of the current month.
4. It is further agreed by and between the parties, that the cooperative shall have the right to increase or decrease the rate of interest charged upon mailing to the Patron at least ten (10) days in advance notice that the rate of interest shall be changed.
5. If the statement balance is not paid on or before the 20th of the following month, **future credit may be discontinued**, the account classified as delinquent and forwarded to our collection agency for attention. All future services would then be handled on a cash only basis unless other arrangements are made.

The extension of the credit may give the cooperative a lien upon your equities of the cooperative, and in your current crop as provided by Nebraska Statutes. This agreement shall be binding upon the heirs, personal representative and assigns of the respective parties.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this cooperative is: Federal Trade Commission, Denver Regional Office; 1405 Curtis Street, Suite 2900; Denver, Colorado 80202.

In Case of Errors Or Inquiries About Your Bill

The Federal Truth in Lending Act requires prompt correction of billing mistakes.

1. To preserve your rights under the Act, here's what to do if you think your bill is wrong or if you need more information about an item on your bill:
 - a. Do not write on the bill. On a separate sheet of paper write (you may telephone your inquiry but doing so will not preserve your rights under the law) the following:
 - i. Your name and account number (if any).
 - ii. A description of the error and an explanation (to the extent you can explain) why you believe it is an error. If you need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge such as a copy of the charge slip. Do not send in your copy of a sales slip or other document unless you have a duplicate copy for your records.
 - iii. The dollar amount of the suspected error.
 - iv. Any other information (such as your address) which you think will help us to identify you or the reason for your complaint or inquiry.

- b. Send your billing error notice to the address on your bill which is listed after the words: "Send Inquiries to: "Mail it as soon as you can, but in any case, early enough to reach us within 60 days after the bill was mailed to you.
2. We must acknowledge all letters pointing out possible errors within 30 days of receipt, unless we are able to correct the error or explain why we believe the bill was correct. Once we have explained the bill, we have no further obligation to you even though you still believe that there is an error, except as provided in paragraph 5 below.
3. After we have been notified, neither we nor an attorney nor a collection agency may send you collection letters or take other collection action with respect to the amount in dispute; but periodic statements may be sent to you, and the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. However, you remain obligated to pay the parts of your bill not in dispute.
4. If it is determined that we have made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out that we have not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, we must send you a written notification of what you owe; and if it is determined that we did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay the undisputed amounts before any more finance charges or late payments charges on the disputed amount can be charged to you.
5. If our explanation does not satisfy you and you notify us in writing within 10 days after you receive our explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and other creditors and may pursue regular collection procedures. But we must also report that you think you do not owe the money, and we must let you know to whom such reports were made. Once the matter has been settled between you and the company we must notify those to whom we reported you as delinquent of the subsequent resolution.
6. If we do not follow these rules, we are not allowed to collect the first \$50 of the dispute amount and finance charges, even if the bill turns out to be correct.

PLEASE PRINT

Billing Name and Address

Name _____

Customer signature _____

Date _____

Address _____

Customer signature _____

Date _____

Phone # _____

Tax ID # _____
(or Social Security Number)

FOR CREDIT DEPARTMENT USE

Frenchman Valley Farmers Cooperative, Inc.

By: _____
PO Box 578
Imperial, NE 69033

Date: _____

Account # _____

CARDTROL CARD REQUEST FORM

Customer Name: _____

2nd Line Name (if desired) _____

New Card Request: ☐ Replacement Card Request: ☐ Replacement Card # _____

Number of cards requested: _____

Personal Identification Number (PIN) required? ☐ yes ☐ no**

If more than one card requested, same PIN? ☐ yes ☐ no

Four digit PIN(s) requested (optional) _____
 (If you do not request a specific four digit PIN, one will be automatically generated for you.)

You may request optional requirements for use of card(s):

Vehicle ID number required? ☐ yes ☐ no
 Odometer reading required? ☐ yes ☐ no

**I understand that by having no Personal Identification Number (PIN) assigned to my card, Frenchman Valley Farmers Cooperative, Inc. will be held harmless for any unauthorized use of card until such time that Frenchman Valley Farmers Cooperative, Inc. is notified that the card has been lost, stolen or misplaced. Frenchman Valley Farmers Cooperative, Inc. agrees to lock out lost or stolen cards to prevent further use.

Customer Signature: _____ Date: _____

OFFICE USE ONLY

Frenchman Valley Coop Account # _____

Account Classification _____

Assigned Cardtrol Card Numbers

