

Customer & Credit Application

Return completed application to:

Mid Iowa Cooperative

P.O. Box 160 Conard, IA 50621

Email ap@mid-iowacoop.com

Individual Information

Applicant Name _____ SSN _____ Date of Birth _____

First M Last

Applicant Name _____ SSN _____ Date of Birth _____

First M Last

Residence Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Years There _____ ☐ Own ☐ Rent Email _____

Phone # _____ Cell # _____

Applicant Employer _____ Address _____ Years There _____

Spouse Employer _____ Address _____ Years There _____

FILL COMPANY INFORMATION IF IN A BUSINESS NAME

Company Information

Planned Business: Grain _____ Feed _____

Company Name: _____ Fed ID# _____ In Business Since _____

D-U-N-S # _____

C/O _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Banking Information

Bank Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Account # _____ Branch _____

CREDIT REFERENCES

Company Name	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____
Contact	_____	Email	_____
Company Name	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____
Contact	_____	Email	_____

Authorized Signature

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized now, and in the future, to check our company credit, including, but not limited to, our bank and trade references. I attest that I am an officer of the company and authorized to make this application on the company's behalf.

Any legal proceedings arising out of any contract made or dealing between the parties is to be processed and submitted to a court in the state of Iowa and governed by the laws of Iowa. The company hereby agrees that, in the event of legal action brought by Mid-Iowa Cooperative as a result of the company's failing to fulfill any duty and/or obligation to Mid-Iowa Cooperative, the company will pay any cost, including attorney's fees, incurred by Mid-Iowa Cooperative in connection with said legal action.

Credit Policy

Accounts not paid by the 15th day of the month following the month of purchase will be assessed a service charge of 1.5% per month (18% annually). Any account over 60 days past due will not be extended further credit until the delinquent amount is paid in full. Any account 90 days past due will be subject to collection by an attorney. Information used for credit purposes only. All information is strictly confidential.

ALL APPLICANTS MUST SIGN BELOW

Printed Name _____ Signature _____ Date _____

Personal Guarantee

The undersigned guarantor(s) hereby guarantee prompt and satisfactory performance of the obligations of the applicant in accordance with the terms and conditions set forth in this application and in Mid-Iowa Cooperative's Business Credit Policy, receipt of which is hereby acknowledged. The Guarantor(s) understand that his or her individual credit history maybe a factor in the evaluation of the applicant.

Further, the guarantor(s) authorizes Mid-Iowa Cooperative to request consumer reports from consumer reporting agencies to consider this application.

SIGN HERE FOR ALL COMPANY INFORMATION

Printed Name _____ Signature _____ Date _____

