

**Credit Application for Commercial Feed Accounts
with First Cooperative Association**

Name of Company/Organization: _____

Type of Entity: please circle personal partnership Corporation LLC LLP

State incorporated in _____ State Entity number _____ (this is not the Fed. I.D.)

Federal I.D. Number _____

Office Address (legal and mailing): _____

Office Phone Number _____

Office fax number _____

Office email _____

Name of CEO/President/Manager: _____

Contact # (cell/office): _____

Email address: _____

Accounts Payable Contact: _____

Contact # (cell/office): _____

Email address: _____

Feed Sites: 911 Address and contact info: (name and phone # of contact person at each)

Please supply us with two trade references:

Reference Name and Address _____

Permission to contact _____ Yes _____ No

Contact Person & Phone Number _____

Reference Name and Address _____

Permission to contact _____ Yes _____ No

Contact Person & Phone Number _____

Feed Terms

First Cooperative terms are as follows:

- Feed ordered **before** 10:00AM the day prior (or earlier) for delivery is eligible for an early order discount.
- We do not fax or mail invoices. We offer Iview so that you can view and print invoices at your discretion. A statement is mailed at the end of the month or you may print it off Iview.
- Payment terms are ACH on Thursdays for previous weeks invoices
- Iview sign up is at www.first.coop to view on print off invoices.

Additional Information

Emergency Contact Information:

Special terms and notations:

Primary Veterinarian Contact Information: (name and telephone number)

*** (Special terms for large accounts are at First Cooperative discretion. Large accounts may be subject to multiple drafts/or payment dates other than normal credit policy terms)***

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. The below signed each agrees to abide by the terms and conditions set forth in the agreement and acknowledges receipt of First Cooperative's Credit Policy. The First Coop is authorized to Check my credit and to answer any questions about your credit experience with me. Accounts are due the 20th of each month unless otherwise agreed upon. Accounts not paid as agreed will be assessed a finance charge at that time. The First Coop reserves the right to suspend credit at any anytime for any reason.

Signature of Primary Account Holder

Date

Personal Guarantee

Each of the undersigned Guarantors hereby guarantees prompt and satisfactory performance of the obligations of the Applicant in accordance with the terms and conditions of the Application and accompanying Credit Policy. If the Applicant is in default of any of the obligations under the Application and Credit Policy, each Guarantor agree to pay First Cooperative Association the amount the First Cooperative Association is entitled to recover from the Applicant by reason of such default. This guarantee shall continue in force until all obligations of the Applicant have been satisfied. Guarantors shall be jointly and severally liable for all obligations under this guarantee. The guarantee may be enforced against any guarantor separately or against all guarantors jointly.

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. The below signed each agrees to abide by the terms and conditions set forth in the agreement and acknowledges receipt of First Cooperative Association's Credit Policy.

Guarantor Signature

Date

Guarantor Signature

Date

Guarantor Signature

Date

Guarantor Signature

Date

(To be completed by First Coop)

Account ID _____ Salesmen assigned to account _____ Iview Account ID _____

ACH Payment information – Please fill out and attach a voided check

Customer Name _____

Customer Email _____

Name of Bank _____

Bank City and State _____

ABA/Routing Number _____

Bank Account Number _____

Acct Type (circle one) checking savings

ACH type Direct Acct Payment

The undersigned hereby authorizes First Cooperative Association (retailer) to initiate debit and/or credit entries to the bank account described above and to debit and or credit the same to such account. The undersigned acknowledges that the origination of ACH transactions to its account must comply with the provisions of United States Law. This

Print Name _____

Applicants or authorized agents signature _____

Please mail or fax to:

*Credit Department
Box 628 Marcus, IA 51035
Fax 712-376-4149*

Email tjohnson@firstcoop.com

Attention Tamara Johnson Credit Manager