

**First Cooperative Association Credit Application**

Box 60 Cherokee, IA 51012

712-225-5400 Fax 712-225-5493 or email to [tjohnson@firstcoop.com](mailto:tjohnson@firstcoop.com)

**Please fill all information out completely. If not completed fully, THE APPLICATION WILL NOT BE PROCESSED!!!**

**Account Information**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Years at Current Address \_\_\_\_\_ Do you own \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_  
Email \_\_\_\_\_  
Present Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Position \_\_\_\_\_ How long employed \_\_\_\_\_ Income \_\_\_\_\_ week \_\_\_\_\_ Month \_\_\_\_\_

**Joint Account Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_  
Income \_\_\_\_\_ Email \_\_\_\_\_  
Present Employer \_\_\_\_\_ Phone \_\_\_\_\_ How long employed \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Landline Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 Cooperatives' Credit Policy. The First Coop is authorized to check my credit and Employment history, and to answer any questions about your credit experience with me. Accounts are due the 20<sup>th</sup> of each month. Accounts not paid in full at that time will be assessed a finance charge at that time. The First Coop reserved the right to suspend credit At anytime for any reason.

PRINT NAME \_\_\_\_\_ Applicants signature \_\_\_\_\_

PRINT NAME \_\_\_\_\_ Joint Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_ **Location that this application was received from** \_\_\_\_\_

Specify what you are applying for: Cardtrol: yes or no Number of cards \_\_\_\_\_ pin number needed? Yes or no

Propane Yes or No Ag Products: Yes or No Grain account: Yes or No Feed Products: Yes or No

Office Use only: Account : Approved or Denied Account i.d. \_\_\_\_\_ to be filled in by Credit Manager