

P.O. BOX 811 – HULL, IA 51239

Application for Convenience Credit S. S. or Federal ID

Applicant Name (print)	S. S. of Federal IS	
Present Address	(Name) 1)	s or supplier with contact information) (Address)
Current Employer	3) City & State	Telephone
Where You Bank	City & State	Telephone
Disclosure of Credit Terms and	Finance Charges:	
Association in effect on June 1, 1. Terms for all sales are cash 2. Convenience credit is avai 3. All accounts are net due a 4. If the new balance is not p 1.5% per month (which is MINIMUM FINANCE CHAR 5. No additional credit will be	1997 as adopted by the n or convenience credit. lable to approved custom nd payable by the tenth of aid by the tenth of the m an ANNUAL PERCENTAGE GE IS \$1.00. The extended to patrons who ple: If January purchases a	Board of FINANCE CHARGES of the Hull Cooperative Board of Directors on May 20, 1997. Hers only. If the month following the month of purchase. Onth following the month of purchase, a FINANCE CHARGE of RATE OF 18%) will be added to the unpaid balance. Hose accounts are not paid within 60 days of the date of the are not paid in full by the end of March, any purchases after
		credit line with the Hull Cooperative Association of Hull, y of the Hull Cooperative Association.
I authorize my bank and busines necessary to complete an evalua		the Hull Cooperative Association any information y.
Applicant (signature)	Date of Application:	