Agronomy Credit Application

All information Provided will be treated confidentially

PO Box 146

Frankenmuth, MI 48734

989-652-7016

tim.brooks@staroftheWest.com

Service Branch: _____ Credit Limit requested: _____

Agronomist: _____ Estimated annual purchases: _____

Firm Name: _____ Business Phone: _____

Additional Trade Name: _____ Cell Phone: _____

Physical Address: _____ Federal Tax ID: _____

City: _____ State: _____ County _____ Email Address: _____

Billing Address: _____ State: _____ County: _____ Zip Code: _____

Type of Legal Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Limited Partnership ☐ Other

Date business established: _____ If incorporated, State of incorporation: _____ Year of incorporation: _____

Person to contact regarding financial matters: Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Bankruptcy ☐ Yes ☐ No Year: _____

Names of Owners, Partners, or Officers

Name: _____ Title: _____ Social Security #: _____

Address: City: State: Zip Code:

Name: _____ Title: _____ Social Security #: _____

Address: City: State: Zip Code:

Name: _____ Title: _____ Social Security #: _____

Address: City: State: Zip Code:

Bank and Credit Supplier References

Bank/Supplier of Credit Name: _____ Branch: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Loan Officer: _____ Title: _____ Phone: _____ Email: _____

Bank Credit Limit: Secured: ☐ Yes ☐ No Personal Guarantee: ☐ Yes ☐ No

Bank/Supplier of Credit Name: _____ Branch: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Loan Officer: _____ Title: _____ Phone: _____ Email: _____

Bank Credit Limit: Secured: ☐ Yes ☐ No Personal Guarantee: ☐ Yes ☐ No

Bank/Supplier of Credit Name: _____ Branch: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Loan Officer: _____ Title: _____ Phone: _____ Email: _____

Bank Credit Limit: Secured: ☐ Yes ☐ No Personal Guarantee: ☐ Yes ☐ No

John Deere Credit: ☐ Yes ☐ No Account #: _____ $ Amount: _____

Monsanto Farm Flex: ☐ Yes ☐ No Account # _____ $ Amount: _____

Pioneer PH Financial Services: ☐ Yes ☐ No If Yes Account # $ Amount:

Trade References

Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Credit Manager: Annual Purchases: Credit Limit: Current Balance:

Secured? ☐ Yes ☐ No Type of Security: Reason for Switching:

Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Credit Manager: _____ Annual Purchases: _____ Credit Limit: _____ Current Balance:

Secured? ☐ Yes ☐ No Type of Security: Reason for Switching:

FINANCIAL STATEMENT

Prepared as of _____

(Attach Complete Cash Flow, Balance Sheet, and Income Statement Financial Statements if credit requested is over $50,000)
(Attached Bank or CPA prepared Financial Statements if credit requested is over $120,000)
(Complete if Credit Requested is Over $10,000)

ASSETS		**LIABILITIES**	
Cash on Hand:	$	Accounts Payable:	$
Livestock:	$	Short Term Debt:	$
Crop Inventory:	$	Farm Machinery:	$
Tractors/Farm Machinery	$	Land:	$
Other Personal Property	$	Crops Mortgaged To:	$
Real Estate (____ acres)	$	Due On:	$
Other Assets:	$	Other Debt:	$
	$		$
	$		$
Total Assets	**$**	**Total Liabilities**	**$**
		Net Worth	**$**

IMPORTANT NOTICE TO CUSTOMER – YOUR SIGNATURE ON THIS DOCUMENT ACKNOWLEDGES THE FOLLOWING:

1. The information I/we have supplied is current and accurate to the best my/our knowledge.
2. I/We authorize Star of the West Milling Co. (SOTW) to contact the financing and business references provided, any other agency with which I/We have financial arrangements and other sources as deemed necessary by SOTW, all past or present creditors for the purpose of establishing an account with SOTW, and to update any and all references, including my/our most recent financial statement, as determined necessary by SOTW.
3. I/We either as a principal of the undersigned or as sole proprietor, recognizing that my/our individual credit history may be a factor in the evaluation of the credit history of the undersigned, herby consent to and authorize the use of any external credit reporting information utilized by SOTW, from time to time as may be needed.
4. I/We further agree that it is not necessary for invoices to be signed, and specifically waive any defense regarding unsigned invoices, including invoices for custom spreading or application.
5. Terms of sale and late charge effective dates and rates have been disclosed to me/us by SOTW.
6. SOTW does not waive its rights by accepting late payments. If the account is placed for collection or with collection agency or attorney, I/We agree to pay all costs of collection, including reasonable attorney's fees.
7. I/We agree that all issues and disputes relating to any credit arrangement extended hereunder shall be determined by a court of competent jurisdiction chosen at the discretion of SOTW and that I/We expressly waive any right to a specific venue.

Credit sales will be granted only to customers who are "approved for credit". New customers must submit a complete credit application. Credit limits will be determined by the financial strength and payment history of the potential customer, and, if necessary, availability of collateral as supported by a Uniform Commercial Code Financing Statement (UCC-1) and a Security Agreement.
TERMS are Net 20th of the following month, unless your invoice indicates otherwise. Credit sales may be suspended in the event the credit limit is exceeded or in the event a customer fails to pay the invoice amount within the net due date. In the event of error on any invoice, Star of the West Milling Co. must be notified within 48 hours of receipt of the sales invoice.
LATE CHARGES will be assessed on all past due invoices at the rate of 2.0% per month, effective the first day past due.
PAYMENTS on account will be applied to specific invoices as indicated with the customer's remittance. A charge of $25 will be assessed in the event a customer check is returned for any reason by the bank.
COLLECTION POLICY ***All accounts submitted to an attorney or collection agency will be denied any further credit for a period of at least one year. SOTW may recover all late charges, collection fees, court costs, and reasonable attorney's fees resulting from failure to pay any invoice by the due date.***

Applicant Name _____ Signature: _____

Co-Applicant Name _____ Signature: _____

Co-Applicant Name _____ Signature: _____

Star of the West Manager Name: _____ Signature: _____

Star of the West Agronomist Name: _____ Signature: _____

Star of the West Credit Manager: Timothy G. Brooks Signature: _____

Amount Approved: _____ Date: _____

Unconditional Personal Guaranty

I/we will personally guarantee to Star of the West Milling Co. the debt owed by the entity named on this credit application.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

AUTHORIZATION AND CONSENT FOR THE RELEASE, COLLECTION AND UTILIZATION OF INFORMATION

THIS AUTHORIZATION AND CONSENT FOR THE RELEASE, COLLECTION AND UTILIZATION OF INFORMATION (**Authorization**) is provided by the Undersigned. The Undersigned has either applied for, or received an extension of credit from Star of the West Milling Co. The Undersigned understands and acknowledges that as part of the application process, or from time to time as the loan obligations remain outstanding, Star of the West Milling Co. may verify the following, including but not limited to: information provided by the Undersigned that is contained in the loan application, in any other document mandated or requested by Star of the West Milling Co. in connection with the application, and any financial information supporting the Undersigned's financial condition, other loan obligations, or creditworthiness. The Undersigned hereby authorizes Star of the West Milling Co. to obtain from any applicable third parties any and all information or documentation that it requests or requires, including but not limited to, employment history, income history and information, account balances, repayment history, financial records of any kind, and copies of income tax returns, crop insurance documents, and grain marketing documents.

Date: Click or tap to enter a date.

An electronic reproduction of this fully-executed document shall be as valid as the original. Insert name of Undersigned

By: Print Name & Title

Signature

By:	Print Name & Title
	Signature
By:	Print Name & Title
	Signature