



REYNOLDS UNITED CO-OP CREDIT APPLICATION

Please complete, sign and return this form **in its entirety** to

Reynolds United Coop 322 – 4th Ave, PO Box 37 Reynolds, ND 58275 (For questions please call (701) 847-2261)

APPLICANT INFORMATION

NAME:		E-MAIL:		
ADDRESS:	CITY:	STATE:	ZIP:	DATE OF BIRTH:
PHONE#:	CELL PHONE#:		Please List Cell Phone Provider To Receive Up to Date Information:	
TYPE OF BUSINESS: Partnership { } Individual { } Corporation { } Joint Venture { }				
LIST IF CORPORATION				
PRESIDENT:		VICE PRESIDENT:		SEC/TREASURER:
FEDERAL TAX ID # :	SSN# :		CREDIT AMOUNT REQUESTD:	
TAX EXEMPT STATUS: If Tax Exempt, Certificate of Exempt Status is required YES { } NO { }				
# OF ACRES FARMED:		FOR FARM DELIVERY PLEASE CHECK APPROPRIATE BOX IF YOU HAVE : Loading Dock { } Forklift { }		

LIST ANY AND ALL PERSON(S) AUTHORIZED TO REQUEST INFORMATION ON MY ACCOUNT: (Use the back of this form if more space is needed)

LIST ALL PERSONS WITH RESTRICTED USE PESTICIDE CERTIFICATION NUMBERS (Use the back of this form if more space is needed)

NAME:	CERTIFICATE NUMBER:	EXPIRATION DATE:
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NAME:	CERTIFICATE NUMBER:	EXPIRATION DATE:

BANK INFORMATION AND REFERENCES

FINANCIAL INSTITUTION NAME :	CONTACT PERSON:	PHONE NUMBER:
FINANCIAL INSTITUTION ADDRESS:		FINANCIAL INSTITUTION EMAIL ADDRESS:
BUSINESS REFERENCE:	PHONE NUMBER:	
BUSINESS REFERENCE:	PHONE NUMBER:	

TERMS AND CONDITIONS: No late charge will be assessed if the account balance is paid by the specified due date. All Invoices unpaid 30 days from the specified due date are subject to a late charge of 1.5% per month (Annual percentage rate of 18%). **A crop lien may be filed on past due accounts.** **RETURN POLICY:** All returned merchandise must be in resalable condition. Product containers must be clean and unopened; no partial packages. **PRE-PLANT or PRE-EMERGENCE PRODUCTS:** Must be returned by June 15th. **POST-EMERGENCE PRODUCTS:** Must be returned by July 15th. **DEPOSITS:** Product in Returnable Containers, delivered to or picked up by the Customer will be charged a deposit fee, which will be credited back to the customer upon return of the container in reusable condition.

INDIVIDUAL CONSENT FOR PATRONAGE: In regard to my patronage with Reynolds United Co-op, occurring during its current and subsequent fiscal years, I consent to include in my gross income for Federal Income Tax purposes, at its stated dollar amount, in the tax year in which I receive it, any patronage dividends made by it in written notices of allocation {accompanied by 20% or more in cash of said patronage dividend} unless said patronage dividend is attributable to personal, living, or family items or is properly taken in to account as an adjustment to basis of property. This individual consent shall be revocable by me in writing in accordance with the Federal Income Tax Laws.

ACCEPTANCE AND APPROVAL: Signing this Agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Reynolds United Co-op to make any and all inquiries necessary to process this Credit Application.

Authorized Signature _____ DATE: _____

DO NOT WRITE BELOW THIS SPACE FOR OFFICE USE ONLY

DATE ENTERED _____	BY _____	APPLICATION APPROVED BY _____
CREDIT LIMIT: \$ _____	CUSTOMER ID _____	ACCNT SALESMAN _____