



401 N 7th Street P.O. Box A Plattsburg, MO 64477

Phone: 816-930-2171 Fax: 816-930-8111

unitedcoopgo@gmail.com

CHARGE ACCOUNT AGREEMENT

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Drivers License #: _____ State Issued: _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Employment Address: _____

Work Phone #: _____

Email Address: _____

Spouse Name: _____

Spouse Social Security #: _____ Spouse Birthdate: _____

Name of nearest living relative: _____ (Not living with you)

Relationship: _____ Phone #: _____

****SEE REVERSE SIDE FOR SIGNATURES AND CREDIT EXTENSION DETAILS****

INCOMPLETE APPLICATIONS WILL BE RETURNED

This AGREEMENT, made and entered on the above stated date by the undersigned Credit Patron(s) and United Cooperatives, pursuant to the Consumer Protection Act (Federal Truth in Lending Act, Public Law 90-321; 82 state. 146) and the Missouri Uniform Commercial Code.

By signing this charge account agreement, you are authorizing United Cooperatives, Inc. to investigate patron credit information. The Cooperative agrees, if this agreement is approved by the association, that it shall allow the credit patron(s) to purchase goods and services in accordance with this agreement.

DUE DATE: All purchases made on credit are due upon receipt of Billing Statement.

CONVENIENCE CREDIT: Credit is extended to APPROVED patron(s) with a signed charge account agreement on file as convenience credit only. PLEASE NOTE THAT THIS IS A CONVENIENCE CREDIT ONLY AND MUST BE PAID IN FULL BY THE 20TH OF EACH MONTH FOLLOWING THE DATE OF BILLING. ANY PURCHASE MADE BEFORE THE FIRST DAY OF THE MONTH, THE BALANCE MUST BE PAID IN FULL BY THE 20TH OF THAT MONTH.

FINANCE CHARGE: Any balance not paid before the second billing cycle, the 20th of the month following purchase date, shall be subject to a minimum FINANCE CHARGE OF 1.5% per month (APR of 18%) . Said finance charge shall apply to the unpaid balance on the account the last day of the billing cycle carried over from the prior month, less any credits. A minimum amount of such finance charge shall be \$.70 per month.

TERMINATION OF CREDIT: Credit may be terminated on credit sales to patron(s) at any time without prior notice. No additional credit will be extended on any account with a balance remaining unpaid at the end of the month following the month of purchase.

RE-ESTABLISHING CREDIT: United Cooperative s may place Credit Patron(s) on a "cash only" basis. Patron(s) must bring the account to -0- (zero) balance, once patron(s) is placed on a CASH ONLY basis before credit can be re-established.

COLLECTION: Any patron(s) with a balance remaining unpaid at the end of the second month following purchase will be referred for collection. Patron(s) agrees that in addition to the unpaid balance, plus retail FINANCE CHARGES, Patron shall be required to pay reasonable attorney fees of at least 15% of the unpaid balance.

CHANGE IN TERMS: This agreement may be changed by United Cooperatives in increase the FINANCE CHARGE, change the due date, change the billing cycle, change the method of calculating the FINANCE CHARGE, or change matters of a similar nature, within the limitations of applicable law. Notice of any such change shall be given to the patron(s) in two billing cycles prior to the effective date of change.

SECURITY FOR ACCOUNT: Any purchases made pursuant to this agreement (shall be secured by a security interest and lien in any investment the patron may have in United Cooperatives.) Investment means any certificates of indebtedness, note, share, or member equity. The patron does not have the right to demand offset of such investment on this account. Such an offset may be made at the discretion of the Board of Directors of United Cooperatives and will terminate all further credit privileges.

Applicant's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

APPROVED FOR UNITED COOPERATIVES, INC.

By: _____ **Date:** _____ **Title:** _____