



your farm ... your community ... your co-op

CONFIDENTIAL CREDIT APPLICATION

APPLICANT LEGAL NAME SOCIAL SECURITY/FEDERAL ID # BIRTHDATE

CO-APPLICANT LEGAL NAME SOCIAL SECURITY/FEDERAL ID # BIRTHDATE

OFFICIAL BUSINESS NAME YEAR BUSINESS STARTED HOME PHONE # CELLPHONE#

MAILING ADDRESS CITY STATE ZIP CODE

TYPE OF BUSINESS: INDIVIDUAL _____ CREDIT LINE REQUESTED
PARTNERSHIP _____
CORPORATION _____ \$ _____

BANK REFERENCE: NAME MAILING ADDRESS CITY STATE ZIP CODE PHONE # YEARS DONE BUSINESS
PAYMENTS CURRENT?
YES _____ NO _____

TRADE REFERENCE NAME MAILING ADDRESS CITY STATE ZIP CODE PHONE # YEARS DONE BUSINESS
PAYMENTS CURRENT?
YES _____ NO _____

TRADE REFERENCE NAME MAILING ADDRESS CITY STATE ZIP CODE PHONE # YEARS DONE BUSINESS
PAYMENTS CURRENT?
YES _____ NO _____

Have you ever filed a bankruptcy petition within the last 7 years? YES _____ NO _____
Are any judgments pending against you? YES _____ NO _____

IMPORTANT PLEASE READ

If applicant(s) fail to pay any invoice amounts due by their respective net due dates, applicant(s) agree to pay all FINANCE CHARGES on the unpaid balance of all old invoices, less any applicable payments and credits, from the date the total amount of each invoice is due and payable at an ANNUAL PERCENTAGE RATE of EIGHTEEN PERCENT (18%), or the highest applicable and lawful rate on such unpaid balance whichever is lower. It is further understood and agreed that applicant(s) will be responsible for payment of all collection cost and reasonable attorney's fees in the event that it becomes necessary to place any past due account with an agency or an attorney at law for collection.

This agreement shall be construed as having been delivered in the State of Minnesota and shall be construed in accordance of the laws of the State of Minnesota. All parties hereto expressly agree that venue shall be in the State of Minnesota, County of Swift only, and the undersigned hereby consent to the jurisdiction of the Courts of the State of Minnesota, County of Swift, and the U.S. District Courts for the District of Minnesota.

Creditor is authorized to file all required financing statements and amendments to financing statements, and all terminations of the filings of other secured parties, all with respect to any collateral to secure current and future credit requests, in such form and substance as the Creditor, in its sole discretion, may determine. Creditors, including but not limited to credit reporting agencies, state and national banks, FSA and others, are hereby authorized to disclose to Creditor any information relative to any of applicant(s) loans, accounts, purchases, other financial transactions, production or marketing information or other pertinent information, whether past, present, or future, with said creditor(s).

REQUEST AND AUTHORIZATION

Applicant(s) represent that this statement is true and complete. The undersigned hereby authorizes any bank or other grantor of credit to provide Western Consolidated Cooperative information regarding the character, reputation, financial responsibility and indebtedness of the undersigned.

X _____ X _____
APPLICANT'S SIGNATURE DATE APPLICANT'S SIGNATURE DATE

READ BACKSIDE OF THIS DOCUMENT BEFORE SIGNING

AUTHORIZATION FORM

This authorization and all support information is the property of:

Hereinafter referred to as creditor, located at: Western Consolidated Cooperative
520 County Road 9
Holloway, MN 56249

This will be lender's authority and my request to you to release the following information regarding inquiries creditor deems necessary related to all current and future credit requests, whether for personal or business purposes. This authorization will remain in effect until canceled by applicant(s) in writing.

Creditor is authorized to make credit checks or inquire concerning applicant(s) creditworthiness, any matters relating to assets, liabilities, and references any credit application and support information, any subsequent application and support information; or any loan servicing request or action on any loan resulting from credit application.

Income tax and financial statement preparers are hereby authorized to provide to Creditor any information relative to any past or present credit application or existing loan, at any time, as requested by Creditor.

Insurance providers are hereby authorized to provide to Creditor any information relative to any past or present credit application or existing loan, at any time, as requested by Creditor and to include Creditor as loss payee.

Creditor is authorized to share with credit reporting agencies and creditors doing business, or who may do business with applicant(s), information regarding this extension of credit, any subsequent transactions or loan servicing actions resulting from any extension of credit, and applicant(s) general credit history.

FSA, SCS and other county, state, and federal agencies are authorized to make available all aerial maps, land descriptions, water and soil data, commensurate or base property qualifications, grazing survey data, crop yield or production data, and other pertinent data covering any estate owned, rented, and /or optioned by applicant(s).

Photocopies of this authorization may be presented to and relied upon by applicant(s) creditors and others as evidence of applicant(s) authorization to release information to the Creditor.

At the Creditor's discretion, we may communicate information solely about our transactions or experiences with you to persons related to us by common ownership or affiliated by corporate control. The Creditor may also, at our discretion, communicate other information to these same persons. If you do not authorize the release of this information to our affiliates, please check the following box. ☐