



P.O. Box 849
Garber, OK 73738
garbercoop@hotmail.com

Garber 580-863-2292
Station 580-863-2375
Covington 580-864-7607
Fairmont 580-358-2529

INDIVIDUAL / JOINT CREDIT APPLICATION

Applicant:

Name _____
First Middle Last

Mailing Address _____

Birthdate _____ Cell Phone _____

Social Security No _____ Drivers License No _____

Current Place of Employment _____

Joint Applicant:

Name _____
First Middle Last

Social Security No _____ Drivers License No _____

Birthdate _____ Cell Phone _____

Current Place of Employment _____

Products Requested _____ Agronomy _____ Station _____ Fuel _____ Feed _____ Propane

If **Fuel**: How many fuel cards? _____ If multiple, would you like different pin numbers? Yes No

Pin number for fuel card(s) [4 Numbers for Pin(s)] _____

If **Propane**: Do you own your own tank? Yes No If no, whose tank is it? _____

How would you like your propane delivered? _____ Stay Full (Route) _____ Call-in Only

Physical Address (or directions) _____

Tax Exempt Number _____ **Chemical license** _____

Users authorized to charge on this account (not already on this application)

Credit limit requested \$ _____

Would you like to sign up for our portal? Yes No **Would you like e-statements?** Yes No

E-mail address _____

COMPLETE CREDIT REFERENCES SECTION ON REVERSE SIDE



P.O. Box 849
Garber, OK 73738
garbercoop@hotmail.com

Garber 580-863-2292
Station 580-863-2375
Covington 580-864-7607
Fairmont 580-358-2529

CREDIT REFERENCES

Bank reference:

Bank Name _____

Address (or branch) _____

Account # _____

Phone _____ Contact _____

Credit References (not credit card companies)

Name _____ Account No _____

Phone _____ Contact _____

Name _____ Account No _____

Phone _____ Contact _____

PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE, TAX EXEMPT CARDS AND CHEMICAL LICENSES

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit history and to answer any questions about your credit experience with me.

I agree to pay the entire debt that I/we shall incur on any charge which may be granted to me, plus all collection costs and attorney fees, plus any finance charge which may be imposed in accordance with the terms of the credit agreement and disclosure statement which I have received with this agreement. I understand that accounts are to be paid in full each month and that incurring a FINANCE CHARGE is not an alternative to payment when due.

Applicant _____

Date _____

Joint Applicant _____

Date _____

OFFICE USE ONLY

Approved _____ Denied _____

Date _____

Authorized by _____

Account No: _____

Credit Limit _____



Garber 580-863-2292
Station 580-863-2375
Covington 580-864-7607
Fairmont 580-358-2529

DISCLOSURE LETTER – CREDIT POLICY

Dear Purchaser:

The State and Federal Truth in Lending Laws require our cooperative association to furnish you with certain information about our credit policy. Therefore, the board of directors has adopted the following credit policy effective July 1, 1996.

All purchases made on credit during the month are due and payable by the tenth (10th) of the following month. Any remaining balance due and not paid before the twentieth (20th) of the month following the month of purchase shall be subject to a FINANCE CHARGE computed at a periodic rate of 1.5% percent per month, which is an ANNUAL PERCENTAGE RATE of 18.00% percent applied to the previous balance after deducting current payments and/or credits. The closing date of the billing cycle will be the last day of each month. A minimum FINANCE CHARGE of One (\$1.00) Dollar will be applied to all past due accounts.

This means that you will not be required to pay any FINANCE CHARGE if you pay your account before the twentieth (20th) of the month following the month of purchase.

If your account has a balance on the twentieth (20th) of the month following the month of purchase, a FINANCE CHARGE of 1.5% percent will be added to your balance. If your account remains unpaid, then similar FINANCE CHARGE of 1.5% percent per month will be added to the balance of your account on the twentieth (20th) day of each following month.

This credit policy employs a periodic rate of 1.5% percent per month on all account balances past due. No additional FINANCE CHARGE will be added to your account in addition to this charge of 1.5% percent per month. To avoid a FINANCE CHARGE, your account should be paid in full when due.

An account becomes delinquent when it exceeds the due date by 20 days. Credit will not be extended to patrons with delinquent accounts, except when authorized and approved by the Manager.

The credit policy also authorizes the manager to establish a credit limit on any or all accounts receivable.

The Manager shall send on delinquent notice to all accounts past due per the credit policy. No notice will be sent after you receive one delinquent notice. Delinquent unpaid balances of accounts receivable over 90 days past due may be referred to the cooperative's attorney for collection.

This credit policy is to be effective as of July 1, 1996 and until altered or canceled. The Board of Directors reserves the right to modify, suspend, terminate or change any or all policies or procedures, in whole or part. This credit policy supersedes all previous credit policies.

If you have any questions about this credit policy, please contact our office.

Board of Directors
Garber Cooperative Association



Electronic Payment (Debit) Authorization

I (we) owe an account to Garber Cooperative Association for purchases made and I (we) acknowledge that the account is payable to Garber Cooperative Association according to the terms of Garber Cooperative Association Credit Policy, and I (we) hereby authorize Garber Cooperative Association, a Oklahoma company, to initiate periodic electronic debits (ACH or through the Automatic Clearing House Network), **as directed by me(us) from time to time either electronically or otherwise**, from the account and depository shown below:

My (our) full name on the Bank Account: _____

My (our) Home Address for this Account: _____

My (our) Email Address: _____

Bank Name: _____

Bank Routing/Transit Number*: _____

My (our) Bank Account Number*: _____

**See below for an explanation of where to locate numbers on your bank checks*

NOTE: FOR VALIDATION PURPOSES, PLEASE ATTACH A COPY OF A VOIDED CHECK FOR THIS ACCOUNT. FOR CORPORATE ACCOUNTS, THE PERSONS BELOW SIGNIFY BY THEIR SIGNATURES HERETO THAT THEY ARE DULY AND FULLY AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION IN THE CAPACITY STATED.

Authorized Signature(s)

Date

Office (for corporations)

Authorized Signature(s) (joint account holder)

Date

***Explanation of Check Numbers**

Bank Routing/Transit Number - This is a 9 digit number separated by a bar and a colon, such as |: 123456789 |: and is usually placed at the far-left bottom corner of your check.

Account Number -- This number is a ten digit number usually placed to the right of the routing/transit number.

Check Number -- Matches number in the upper right corner of check. NOT REQUIRED FOR ACH. This is the actual number of that particular check.

To protect the integrity of this program and to insure that you do not suffer additional charges, inconvenience or other problems, please maintain a bank balance sufficient to honor charges presented for payment. If you change banking arrangements, sufficient funds should be left in the account to honor charges presented for payment. This authorization shall remain valid unless revoked in writing or by operation of law. If insufficient funds, a **\$35.00** charge will be invoiced to your account for fees.

Mail completed form and voided check to: Garber Cooperative Association, PO Box 849, Garber, OK 73738