

Garber Cooperative Association

Credit Application

Today's Date: _____

Type of Products:

Agronomy Station Cardtrol Propane Feed

Account Type:

Individual Joint Corporation

Name: _____
First Middle Last

Social Security No. _____ Driver License No. _____

Birthdate _____

Street Address _____

City, State, Zipcode _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ How Long? _____

Joint / Corporation Account Information:

Name _____
First Middle Last

Social Security No. _____ Fed. Tax ID _____

Birthdate _____ Drivers License No. _____

Street Address _____

City, State, Zipcode _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ How Long? _____

Bank Reference:

Bank Name _____

Address _____

Telephone _____ Contact _____

Credit Reference:

Name _____	Phone _____
Account No. _____	Balance \$ _____
Name _____	Phone _____
Account No. _____	Balance \$ _____
Name _____	Phone _____
Account No. _____	Balance \$ _____

Total Estimated dollar purchases in 12 month period: _____

Monthly Credit Limit Requested: _____

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 fee's, plus any finance charge which may be imposed in accordance with the terms of the credit agreement and disclosure statement which is presented 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.

Applicants Signature

Date

Joint Applicants Signature

Date