



CREDIT APPLICATION

United Prairie Ag
PO Box 947
Ulysses, KS
67880-0947
(620)356-1241
Fax(620)356-2946

Personal Information

Individual or
Company Name _____ Date of Birth _____
(or start date of company)

Social Security Number or Fed Tax ID# _____

Mailing Address _____

City _____ State _____ Zip _____

Phone #(____) _____ Email address _____

Spouse/Partner Name _____ Date of Birth _____

Social Security # or Fed Tax ID# _____

Mailing Address _____

City _____ State _____ Zip _____

Phone #(____) _____ Email address _____

Employment

Current Employer _____

Address of Current Employer _____

Length of Employment _____ Work Phone # (____) _____

Previous Employer _____

Address of Previous Employer _____

Length of Employment _____ Work Phone # (____) _____

Spouse/Partner Place of Employment _____

Spouse/Partner Address of Employment _____

Length of Employment _____ Work Phone # (____) _____

Financial Information

Name of Bank where you do business _____

Address of Bank where you do business _____

Phone # (____) _____ Fax # (____) _____

**** Checking Account # _____ Single or Joint _____

**** Savings Account # _____ Single or Joint _____

Credit References – Local Businesses – No Credit Cards

Name _____ Mailing address _____

City _____ State _____ Zip _____ Account# _____

Phone # (____) _____ Fax # (____) _____

Name _____ Mailing address _____

City _____ State _____ Zip _____ Account# _____

Phone# (____) _____ Fax# (____) _____

Credit Requested

Purpose of Requested Credit _____

Anticipated Max. charges/Month \$ _____ Credit limit desired \$ _____

The undersigned Applicant(s) hereby submit(s) the above information as being true and correct. Applicant(s) authorize(s) the above named creditor to make inquiries necessary to verify the accuracy of any of the statements contained herein and consent(s) and direct(s) that the person(s) named above are authorized to report to such creditor, which is similarly authorized to report to other agencies or businesses regarding applicant(s) credit experience.

Signature of Applicant

Signature of Spouse/Partner

Date

Date

▶ Complete if you wish credit to be reported in both spouses/partners names or if you will rely upon spouse/partner's income.