



P.O. Box 155
Hemingford, NE 69348
Tel: 308-487-3317
www.farmcoop.com

Knowledge • Commitment • Success

4-H CREDIT APPLICATION

PLEASE PRINT LEGIBLY

NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ DOB _____

TELEPHONE _____ SSN _____

FARMER'S COOP SALES REP. _____

PLEASE LIST THE ADDITIONAL USERS, THOSE WHO HAVE PERMISSION TO CHARGE AGAINST THE ACCOUNT, AND THE RELATIONSHIP TO THE APPLICANT

_____	_____
_____	_____
_____	_____

CREDIT UTILIZATION

SPECIES	HEAD COUNT	START DATE	START WEIGHT	MAX CREDIT	TOTAL CREDIT
MARKET BEEF				\$1200	\$
DAIRY				\$500	\$
MARKET HOG				\$175	\$
MARKET LAMB				\$150	\$
MARKET GOAT				\$150	\$

APPLICANT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____



P.O. Box 155
Hemingford, NE 69348
Tel: 308-487-3317
www.farmcoop.com

Knowledge • Commitment • Success

FARMER'S COOP 4-H CREDIT POLICY

1. CREDIT APPLICATIONS AND IDENTIFICATION SHEETS

ALL ACCOUNT APPLICANTS WILL BE REQUIRED TO COMPLETE A CREDIT APPLICATION TO BE APPROVED BY THE CREDIT DEPARTMENT BEFORE CHARGES MAY BE MADE TO THE ACCOUNT. ALL ACCOUNT APPLICANTS WILL ALSO BE REQUIRED TO PROVIDE FARMER'S COOP WITH AN IDENTIFICATION SHEET SHOWING THE NUMBER OF ANIMALS TAGGED FOR 4-H PROJECTS. THIS WILL LEGITIMIZE THE CREDIT REQUEST. FARMER'S COOP RESERVES THE RIGHT TO REFUSE OR LIMIT CREDIT TO ANYONE, AT ANY TIME, BASED ON ABILITY TO PAY, FINANCIAL CONDITION AND PREVIOUS CREDIT EXPERIENCE, AS THE COOPERATIVE SEES FIT. ADDITIONAL CREDIT INFORMATION MAY BE REQUESTED BY THE COOPERATIVE AS IT DEEMS FIT AND PROPER.

2. 4-H ACCOUNTS DUE DATE

CREDIT ON APPROVED 4-H ACCOUNTS WILL BE AVAILABLE FROM JANUARY 1ST THROUGH AUGUST 31ST. A STATEMENT WILL BE SENT EVERY MONTH. THE 4-H ACCOUNT WILL BE AT 0% INTEREST FOR THIS DURATION. INTEREST AT 1.33% PER MONTH (16% ANNUAL) WILL ACCRUE IF THE ACCOUNT IS NOT PAID IN FULL BY THE SEPTEMBER 20TH STATEMENT.

3. CREDIT USE

THIS CONVENIENCE CREDIT IS TO BE USED FOR THE 4-H PROJECTS ONLY AND IS NOT TO EXCEED THE MAXIMUM DOLLARS PER ANIMAL ON THE CREDIT APPLICATION. IN THE EVENT A HIGHER LIMIT IS REQUIRED THE APPLICANT IS RESPONSIBLE FOR CONTACTING THEIR FARMER'S COOP SALES REP. FARMER'S COOP RESERVES THE RIGHT TO REQUIRE SIGNED DOCUMENTATION FROM THE APPLICANT AND PARENT FOR CREDIT EXTENSION OR INCREASE.

4. DELINQUENT ACCOUNT

BY SIGNING THIS APPLICATION AND THE 4-H CREDIT POLICY THE PARENT IS ACKNOWLEDGING LEGAL CO-OWNERSHIP OF THE ACCOUNT WITH FARMER'S COOP SHOULD THE CREDIT DEPARTMENT APPROVE, AND THAT IT IS THE RESPONSIBILITY OF THE PARENT(S) TO PAY THE BALANCE OF THE 4-H ACCOUNT IF THE ACCOUNT IS NOT PAID IN FULL BY THE SEPTEMBER 20TH DEADLINE THE ACCOUNT WILL BE SUSCEPTIBLE TO LATE FEES & FINANCE CHARGES.

5. RE-ESTABLISHING CREDIT

A NEW 4-H CREDIT APPLICATION WILL TO BE COMPLETED EACH YEAR REGARDLESS IF A 4-H ACCOUNT HAD ALREADY BEEN SET UP.

6. CHANGES IN TERMS

FARMER'S COOP RESERVES THE RIGHT TO CHANGE THE AMOUNT OF SERVICE CHARGES, DUE DATE, BILLING CYCLE, AND METHOD OF CALCULATING THE SERVICE CHARGE, THE ELIGIBILITY REQUIREMENTS, OR MATTERS OF A SIMILAR MANNER WITHIN THE LIMITATIONS OF THE APPLICABLE LAW.

7. AUTHORIZATION

UNTIL NOTIFIED IN WRITING TO THE CONTRARY BY THE APPLICANT, FARMER'S COOP ASSUMES THAT THE APPLICANT, THE APPLICANT'S PARENTS, AND THE AUTHORIZED USERS LISTED ON THE 4-H CREDIT APPLICATION ARE AUTHORIZED TO PURCHASE GOODS AND SERVICES FOR THE 4-H PROJECT.

I HEREBY AGREE TO THE CREDIT POLICY AND FINANCE CHARGES SET FORTH HEREIN:

APPLICANT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____



P.O. Box 155
Hemingford, NE 69348
Tel: 308-487-3317
www.farmcoop.com

Knowledge • Commitment • Success

I HEREBY APPLY FOR A CHARGE ACCOUNT AND AGREE TO THE TERMS AND CONDITIONS OF FARMER'S COOP 4-H CREDIT POLICY. THIS APPLICATION SHALL REMAIN THE PROPERTY OF FARMERS COOP WHETHER OR NOT A LINE OF CREDIT IS ESTABLISHED.

I AUTHORIZE FARMER'S COOP TO OBTAIN OR EXCHANGE ANY INFORMATION IT MAY REQUIRE RELATIVE TO THIS APPLICATION FROM ANY SOURCE AND WE AUTHORIZE EACH SOURCE TO PROVIDE FARMER'S COOP WITH SUCH INFORMATION.

I UNDERSTAND THAT FARMER'S COOP RESERVES THE RIGHT AT ANY TIME TO WITHDRAW CREDIT APPROVAL OR TO TERMINATE OR OTHERWISE LIMIT OUR ACCOUNT.

I, THE UNDERSIGNED, HAVE READ THE CREDIT POLICY ATTACHED TO THE 4-H CREDIT APPLICATION AND AGREE TO THE TERMS OF THAT AGREEMENT.

I, THE UNDERSIGNED, DO SOLEMNLY AFFIRM THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT NAME (PLEASE PRINT) _____

APPLICANT SIGNATURE _____ DATE _____

PARENT NAME (PLEASE PRINT) _____

PARENT SIGNATURE _____ DATE _____