

Credit Application



Approximate Average Monthly Credit Needed

Agronomy: _____ Propane: _____

Fuel: _____ Farm Stores: _____

24 hr Card Lock/CFN: _____

Section 1: Personal Account (skip to section 2 if account is a business)

Applicant				Co-Applicant			
Name: First, Middle, Last				Name: First, Middle, Last			
SSN:		Date of Birth:		SSN:		Date of Birth:	
Mailing Address:				Mailing Address:			
City		State	Zip	City		State	Zip
Physical Address, City, State & Zip:				Physical Address, City, State & Zip:			
Landline Phone:		Work Phone		Landline Phone:		Work Phone	
Cell Phone:		Fax:		Cell Phone:		Fax:	
Present Employer:		Occupation:		Present Employer:		Occupation:	
How Long?:	Salary:	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual		How Long?:	Salary:	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Email Address:				Email Address:			

Section 2: Business Account (skip to section 3 if a personal account)

<input type="checkbox"/> Individual/Sole Proprietor/Single-Member LLC <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> LLC							
Business Name:				TIN:			
Billing Address:				DBA or AKA:			
City:		State:	Zip:	Principal Business Activity:			
Physical Address:				Authorized Officers:			
City:		State:	Zip:	Incorporated in States of:		Year Incorporated:	
Email Address:				Subsidiary of:		Number of Locations:	
Contact Phone # ()	Contact name?		Title:		Headquarters - Name, Address, Phone:		
Contact Phone # ()	Contact name?		Title:				

Section 3: Additional information (for Personal AND Business Accounts)

Have you ever had an account with Valleywide or Valley Agronomics? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you or your business ever declared Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide the name on the account or the account number:		If Yes, When?	
Trade References: (for Personal AND Business Accounts)			
Bank:	Contact Name:	Number:	
Creditor:	Contact Name:	Number:	
Creditor:	Contact Name:	Number:	

I am an agricultural producer. Please send me a Coop Membership packet.

I have _____ head of cattle.

I farm _____ total acres.

The crops I produce are: _____

Are you sales tax exempt?
Yes
No

The information provided is for the purpose of obtaining credit and is warranted to be true. If the account is approved and opened Purchaser & Guarantor agree that:

- * This account is due, in full, within the following terms: All invoices originated in the current month are due on or before the 15th of the following month.
- * Any account that becomes past due or over credit limit may be placed on C.O.D., "Cash-On-Delivery," without notice. Valleywide Cooperative/Valley Agronomics reserves the right to withhold sales/delivery, change the credit limit, or terminate this account at any time at our sole discretion. In accordance with Idaho law, an annual interest rate of 21% (1.75% per month) will be charged on any account balance which is unpaid and past due. The interest and the outstanding invoices must both be paid in full before we can consider restoring the account to open status.
- * Purchaser and Guarantor are subject to the jurisdiction of the state of Idaho and agree to pay cost of collection, including reasonable attorney's fees and costs incurred to effect collection, with or without suit, including preparation, filing and foreclosure of any lien.
- * For credit requests of \$25,000 or more a balance sheet may be required.

GUARANTY :

The undersigned, to induce the granting of credit to the above-named business, hereby personally guarantees the payment of this account. This guaranty is absolute and unconditional. Purchaser & Guarantor authorizes Valley Wide Cooperative/Valley Agronomics to investigate my/our credit and financial responsibility at any time during duration of this account.

Applicant Signature/Date _____ / ____ / ____ Co-Applicant Signature/Date _____ / ____ / ____

Please list any additional authorized signers for this account on the reverse side.



Agronomy

Retail

Energy

Feed

Visit

www.valleywidecoop.com

for more on what Valley Wide and it's divisions can do for you.

Find us on:





P.O. BOX 459

REXBURG, ID 83440

To Return by Mail: Fold application and tape it closed. Write in your return address, stamp it and drop in the mail.
 To Return by Email: Email both sides of the application to credit@valleywidecoop.com
 To Return by Fax: Fax front and back to (208) 356 - 4995

For accounts that will have multiple people charging to the account, please provide names of all authorized signers.

1	8
2	9
3	10
4	11
5	12
6	13
7	14

(if more signers are required please email credit@valleywidecoop.com after the account is confirmed open)

Office Use Only:

VWC Statement Location: _____

VA Statement Location : _____

Crop Advisor: _____