

**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)**

Individual/Sole Proprietor/Single-Member LLC    C Corp    S Corp    Partnership    Trust/Estate    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 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 co-op 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 guarantee 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	Month/Day/Year	Co-Applicant Signature/Date	Month/Day/Year

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



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](mailto:credit@valleywidecoop.com) after the account is confirmed open)

To Return by Mail: (print if filling out digital form) mail to **Valley Wide Cooperative 2114 N. 20th St. Nampa, ID 83687**

To Return by Email: Email both sides of the application to [credit@valleywidecoop.com](mailto:credit@valleywidecoop.com)

To Return by Fax: Fax front and back to Nampa office fax **(208) 356-3759**

*Only fill out the fuel card agreement if you're requesting CFN card(s)*

### Valley Wide Cooperative Fuel Card Agreement

1. Customer understands that this facility shall be for private use by designated cardholders only, and not open to the public.
2. Customer acknowledges instructions as to the proper use of dispensing equipment, the location of the emergency shut off switch, the use of fire extinguishers, and the method of handling spills.
3. Customer further agrees to limit the use of the above dispensing equipment to persons who have been instructed and qualified in the use of such equipment by a Valley Wide Cooperative manager or persons so designated by such manager for the purpose.
4. Customer agrees to not leave the dispensing equipment unattended at any time while it is being operated and to accept the responsibility of controlling sources of ignition. Customer further agrees to not dispense Class 1 liquids into fuel containers not in compliance with State Fire code and to immediately handle accidental spills and use fire extinguisher if needed.
5. Customer agrees to comply with the credit policy of Valley Wide Cooperative. Customer also understands that the price to be paid for fuels dispensed may vary and be changed without notice by Valley Wide Cooperative.
6. Customer understands and agrees that any violation of the terms of this agreement shall constitute authority for Valley Wide Cooperative to immediately, without notice, terminate this agreement and use of the facilities herein described. Customer also may terminate this agreement at any time without notice by returning their card(s)

I \_\_\_\_\_ agree to the functions and responsibilities prescribed in this agreement.

\_\_\_\_\_  
Authorized applicant signature

\_\_\_\_\_  
Agent for Valley Wide Cooperative signature

\_\_\_\_\_  
Date

**Please note:**

A representative from Valley Wide Cooperative will call you (at the phone number given on front page of this application) to gather your card preferences and limits and finish setting up your account.

Office Use Only:
VWC Statement Location: _____
VA Statement Location : _____
Crop Advisor: _____
Account Number: _____