COMMERCIAL CREDIT APPLICATION

I. FIRM NAME	Bra	anch					8	Premier O. Box 304 • Sey 12-522-4911 • Fa foll Free 800-742	mour, IN 47274 x 812-372-6801	
Business Phone (1.	FIRM NAME				ne of Credit D				
Address		Additional Trade Name			Li	ne of Credit A	pproved	\$		
City State Zip					Ві	isiness Phone	()			
City State Zip Non Taxable Employer 1.D. No. Billing Address Retail Sales Tax Exemption City State Zip Certified for please attach sales tax exemption certificate Nature of Business City Orporation Partnership Proprietorship LLC Other Date Business Established If incorporated, State in which incorporated Year Address Address Phone No. () 2. NAMES OF OWNERS, PARTNERS or OFFICERS: a. Name Title Social Security No. Residence Address b. Name Title Social Security No. Residence Address c. Name Branch Address Loan Officer Phone Bank Credit Line Secured? Yes No Personal Guaranty Yes No. Explain: Checking Acet. No. Address Credit S Balance Currently Owed \$ Secured? Yes No Explain: Phone Address Credit S Balance Currently Owed \$ Secured? Yes Balance Currently Owed \$		Address				Taxable	Social	Security No		
City		City	State	Zip		Non Taxable				
Nature of Business		Billing Address			Re	etail Sales Tax	Exemption			
Corporation Partnership Proprietorship LLC Other Date Business Established If incorporated, State in which incorporated Year Person to contact regarding financial matters: Name Title Phone No. () 2. NAMES OF OWNERS, PARTNERS or OFFICERS: a. Name Social Security No. Residence Address b. Name Social Security No. Residence Address c. Name Social Security No. Residence Address b. Name Social Security No. Residence Address c. Name Social Security No. Residence Address b. Name Social Security No. Residence Address c. Name Social Security No. Personal Guaranty No. Residence Address Loan Officer Phone Secured? Yes No Personal Guaranty Yes No. Explain: Secured? Yes No Personal Guaranty Yes No. Residence Address Annual Purchases S Credit S Balance Currently Owed S Secured? Yes Balance Currently Owed S Secured? Secured Secured Security No. Secured? Secured		City	State	Zip	Ce	ertified	(p	lease attach sales ta	ux exemption certificate	
Date Business Established		_								
Person to contact regarding financial matters: Name Title		•		•	•	•				
Address Phone No. () NAMES OF OWNERS, PARTNERS or OFFICERS: a. Name Title Social Security No Residence Address Branch Address Phone		Date Business Established		If incorporated, S	tate in whi	ich incorporate	ed		Year	
2. NAMES OF OWNERS, PARTNERS or OFFICERS: a. Name		Person to contact regarding fir	nancial matters:	Name			Title	e		
a. Name Title Social Security No		Address					Phor	ne No. ()		
Residence Address b. Name Title Social Security No	2.									
b. Name Title Social Security No Residence Address Title Social Security No Residence Address Branch Branch Address Phone Phone Phone Secured?		a. Name		Title			Social Secu	ırity No		
Residence Address c. Name										
c. Name Title Social Security No Residence Address Branch Branch		b. Name		Title			Social Secu	ırity No		
Residence Address 3. BANK REFERENCES: Bank Name Branch Address Loan Officer Phone Bank Credit Line Secured? Yes No Personal Guaranty Yes No Explain: Checking Acct. No.										
3. BANK REFERENCES: Bank Name										
Address		Residence Address								
Loan Officer Phone	3.									
Bank Credit Line Secured?		Address								
Explain: Checking Acct. No. Savings Acct. No. Loan Acct. No. 4. TRADE REFERENCES: a. Name Address Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$ b. Name Address Credit Mgr. Belance Currently Owed \$ Credit Mgr. Belance Currently Owed \$ Phone Address Credit Mgr. Belance Currently Owed \$										
Checking Acct. No. Savings Acct. No. Loan Acct. No. 4. TRADE REFERENCES: a. Name Phone Address Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$ Secured? Yes No Explain: b. Name Phone Phone Address Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$ Secured? Phone Ph					cured?	Yes 🖵	No F	ersonal Guaranty	Yes U N	
4. TRADE REFERENCES: a. Name Phone Address Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$ Secured?										
a. Name Phone Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$ Phone Phone Phone Phone Phone Address Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$ Phone				Savings Acct. 1	No		Loan	Acct. No.		
Address Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$ Secured?	4.									
Annual Purchases \$ Credit \$ Balance Currently Owed \$										
Secured?										
b. Name Phone										
Address Credit Mgr. Annual Purchases \$ Credit \$ Balance Currently Owed \$										
Annual Purchases \$ Credit \$ Balance Currently Owed \$										
						B	alance Curre	ntly Owed \$		

RETURNTO:

Premier Ag Co-op, Inc.

Premier Companies

DBA:

c. Name		Phone	
Address		Credit Mgr	
Annual Purchases \$	Credit \$	Balance Currently Owed \$	
Secured?	n:		
		Phone	
Address		Credit Mgr.	
Annual Purchases \$	Credit \$	Balance Currently Owed \$	
Secured?	n:		
5. The following are authorized to charge on the	is account on behalf of applicant:		
6. Please attach your balance sheet and profit	and loss statements for the past tv	vo fiscal year-ends.	
It is agreed the buyer will pay all invoices within s	TERMS AND CONE	PITIONS contained in invoices supplied by seller as may be amended from	n time to
time. In the event payment is not timely made, the beer annum) or the maximum lawful rate on all over	ouyer also agrees to pay a time-price due amounts, and to pay all collections conable attorney's fees and collection	differential charge (service charge) of the lesser of 1.5% per more on costs incurred by the seller in enforcement of the terms and con agency fees, within the standards of the industry, but not less that	nth (18% onditions
	l other respects by laws of the State	or any contemporaneous or subsequent agreement will be governed of Indiana. Buyer further agrees that in the event legal action symour in the state of Indiana.	
Buyer further agrees that any line of credit desired of valid charges in excess of a line of credit either des		ability, and the undersigned expressly agrees that it will be respon	isible for
circumstances and responsibility of buyer and all ov buyer's credit standing, financial circumstances and	wners, partners, and/or officers liste d responsibility to release such infor orneys, and employees to request, ol	nts, attorneys and employees to investigate the credit standing, and authorizes and instructs all persons having information commation to seller, its agents, attorneys or employees. This includes otain, and use for all purposes which seller deems necessary, a cope.	ncerning s without
	hereby appoints any employee, age	s, inventories, receivables and proceeds of sales as collateral to sont, or attorney of seller as buyer's attorney in fact to endorse an	
		lersigned, and the buyer understands that all goods or services pand agreement and all other terms and conditions contained on an	
Signed		Title	
Printed Name		Date	
	E 00 II	ONT V	
	For Office Use (ONLY	7
Acct	Approved by:	Date	_