

# Credit Application for Sole Proprietors & Partnerships

<input type="checkbox"/>	Feed
<input type="checkbox"/>	Agronomy
<input type="checkbox"/>	Grain

Customer No. \_\_\_\_\_



## BUSINESS STRUCTURE (Check One)

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation             |
| <input type="checkbox"/> DBA                 | <input type="checkbox"/> Limited Liability Corp. |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> S Corporation           |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Joint Venture           |
| <input type="checkbox"/> Other _____         |  |

### FOR SOLE PROPRIETORSHIP; DBA OR PARTNERSHIPS

(Please print above how you would like your account name to appear)

Owner's \_\_\_\_\_ Last \_\_\_\_\_  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Bus. Ph. (\_\_\_\_)

Fax (\_\_\_\_) \_\_\_\_\_ Cell Ph. (\_\_\_\_) \_\_\_\_\_ Text (Y) (N)

Email Address \_\_\_\_\_

Years in Business \_\_\_\_\_  Own  Rent

Present Employer Name \_\_\_\_\_

Annual Non-Farm Income \_\_\_\_\_

### SPOUSE OR CO-APPLICANT FOR SOLE PROPRIETORSHIPS; DBA OR PARTNERSHIPS

(Co-Applicant must sign Application)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship to Applicant  Spouse  Partner  Co-Applicant

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Present Employer Name \_\_\_\_\_

Annual Non-Farm Income \_\_\_\_\_

### CREDIT AMOUNT AND TERMS REQUESTED

<input type="checkbox"/>	<input type="checkbox"/>
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Credit Amount Requested \$ \_\_\_\_\_ Term Requested \_\_\_\_\_ ACH (Y) (N) (If "Yes" attach ACH Authorization)

For credit request over \$50,000 please include current copy of your most recent signed financial statement. Additional financial information may be required.

### OTHER INFORMATION

(Attach an explanation for any yes answers)

- |   |   |
|---|---|
| 1. Are you a defendant in a pending lawsuit? <input type="checkbox"/>                   | 3. Have you or a stockholder of this company ever declared bankruptcy? <input type="checkbox"/> |
| 2. Are there any outstanding or pending judgments against you? <input type="checkbox"/> | 4. Are you currently guaranteeing or co-signing any other liabilities? <input type="checkbox"/> |

### CREDIT REFERENCES:

Bank _____	Phone # _____	Account # _____
Address _____	Fax # _____	Contact _____
Supplier _____	Phone # _____	Account # _____
Address _____	Fax # _____	Contact _____
Other Bank or Supplier _____	Phone # _____	Account # _____
Address _____	Fax # _____	Contact _____

**Note to Customer:** Do not sign this credit application before you read it. You are entitled to a copy of this credit application.

This credit application is made under and is to be governed by, and construed in accordance with, the laws of the State of Minnesota without regard to its conflicts of law principles. Any legal suit, action or proceeding apprising out of or relating to this credit application shall be located in Nobles County or the Federal Courts located in the State of Minnesota.

**Disclosure Notice:** For all terms, if full payment is not received by the due date, a late payment charge will accrue on the unpaid principal balance at the rate of 1.5% per month (18% APR) or the maximum rate permitted by law in the state of applicant's business location, whichever is less, commencing the day after the due date until paid in full. New Vision Co-op, pursuant to Articles of Incorporation and By-Laws has a security interest of a first lien on the capital stock or equities of the Cooperative held by any patron.

COOPERATIVE SPECIFICALLY DISCLAIMS ANY WARRANTY OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE AND ANY LIABILITY FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGE ARISING OUT OF THE USE OF THE GOODS PURCHASED BY THE UNDERSIGNED. THE MAXIMUM LIABILITY OF COOPERATIVE SHALL BE LIMITED TO THE PURCHASE PRICE OF THE GOODS PURCHASED.

**Customers Acknowledgment and Authorization:** Inasmuch as I/we may not always be on the premises to sign orders for feed or other Cooperative products and/or services when they are needed, I/we hereby authorize my/our assigned Cooperative representative to order the products he/she feels are needed, and sign the orders for me/us as my agent and attorney-in-fact. I/We agree to pay for all such products so ordered by him/her. I/we agree that the Cooperative delivery and invoice documents are acceptable as proof the products and services have been provided.

I/We certify that I/we have read the information contained in this credit application to Cooperative, affiliates, divisions, subsidiaries, successors, or assigns and I/we certify that all information provided is true and correct to the best of my/our knowledge. I/We agree to bear all expenses, court costs, and reasonable attorney's fees incurred by Cooperative to enforce any and all agreements between me/us and Cooperative including costs expended to collect debts owed by me/us to Cooperative for products and/or services purchased. Such costs may be deducted from the patrons equity at the discretion of Cooperative. Furthermore, I/we acknowledge the above described terms and agree to payment of charges at the rates disclosed therein. In the event Cooperative agrees to extend credit pursuant to this credit application, I/we agree that Cooperative may increase, decrease and/or terminate my/our line of credit or otherwise alter the terms and conditions or extending credit to me/us at any time for any reason without notice to me/us. In the event the terms herein conflict with a credit application prior in date, this application's terms shall control. I/We agree to individually and jointly pay the account according to terms as agreed. Payments shall be applied first to the unpaid finance or interest charge, then to the remaining outstanding balance. A facsimile or photocopy of this credit application shall be effective as the original.

The undersigned hereby authorizes any bank, or other lender or grantor of credit to provide Cooperative or its authorized agents, credit information from time to time, including financial statement copies, for the purpose of evaluating the commercial credit requests by the undersigned. Furthermore, the undersigned hereby releases Cooperative or its authorized agents from any and all claims or causes of action that may arise or which he/she might have by reason of information furnished to Cooperative or its authorized agents. This consent shall continue in effect until revoked in writing.

**SOLE PROPRIETORSHIP**

\_\_\_\_\_  
Applicant Name - Print

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name - Print

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**PARTNERSHIP**

\_\_\_\_\_  
Partnership Name - Print

\_\_\_\_\_, a Partnership

\_\_\_\_\_  
Partner Name - Print

\_\_\_\_\_  
Partner Name - Print

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

**In order to process this application each partner or sole proprietor must complete the following authorization:**

The undersigned recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Cooperative, from time to time as may be needed, in the credit evaluation process and in connection with the collection of credit extended as a result of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Personal Guarantee:** The undersigned guarantor(s) hereby guarantees prompt and satisfactory performance of the obligations of the applicant in accordance with the terms and conditions, including expenses, court cost and reasonable attorney fees incurred to enforce this personal guaranty set forth in this application and in Cooperative's Business Credit Policy, receipt of which is hereby acknowledged. The guarantor(s) understands that his or her individual credit history may be a factor in the evaluation of the applicant. Further, the guarantor(s) authorizes Cooperative to request consumer reports from consumer reporting agencies to consider this application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security No.

Please mail back completed **and properly signed application** to: New Vision Co-op | 38438 210th St | Brewster, MN 56119

email: [nvcforms@newvision.coop](mailto:nvcforms@newvision.coop)

[www.newvision.coop/accounting](http://www.newvision.coop/accounting)

**Thank you for being a New Vision Co-op customer!**