



Panhandle Cooperative Association

P.O. Box 2188

Scottsbluff, NE 69363-2188

Phone: (308) 632-5301 Fax: (308) 630-5318

Fax: (308) 632-5375

Equal Credit Opportunity Application

Please read all instructions (printed in Italics) carefully as you come on them. Check only those boxes and fill in only those blanks that are appropriate to your own application for credit

Purpose for credit: (Circle if Applies) Propane, Fuel, Ag Inputs, Tires, Oil, Misc Credit limit Requested: _____

Type of Applicant: (Circle one) Individual Joint Corporation LLC

Individual Application Information

Full Name (Last, First, Middle): _____

Mailing Address: _____ Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

How Long at this address: _____ Own Rent Other Phone: _____

Soc. Sec. No.: _____ Date of Birth: _____ No. of Dependents: _____

Employed By: _____ (Name and address of employer you work for)

Since: _____ Monthly Salary: \$ _____ Position: _____

Spouse / Joint Application Information

Full Name (First, Middle, Last): _____

Mailing Address: _____ Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

How Long at this address: _____ Own Rent Other Phone: _____

Soc Sec. No. _____ Date of Birth: _____ No. of Dependents _____

Employed By: _____ (Name and address of employer you work for)

Since: _____ Monthly Salary: \$ _____ Position: _____

Corporation or LLC Information

Name of Corporation/Company: _____

Principal Owners: _____ SS # _____

Mailing Address: _____ Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Nature Of Business: _____ Years in Business: _____

Federal ID # : _____ Phone Number: _____

Please complete other side

Creditor Information

Banks (Checking, Savings, Loans)

Name _____
Address _____
Contact _____
Phone _____ Fax _____
Account # _____

Name _____
Address _____
Contact _____
Phone _____ Fax _____
Account # _____

References Where Credit is Now Extended

Name _____
Address _____
Contact _____
Phone _____ Fax _____
Amount Owed _____
Monthly Payment _____

Name _____
Address _____
Contact _____
Phone _____ Fax _____
Amount Owed _____
Monthly Payment _____

I/ We certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize the named creditor to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors. I/ We also authorize banks and other financial institutions to give information to the named creditor in connection with this transaction about my/our savings and checking accounts and loans. It is expressly agreed that a photocopy and/or faxed copy of this authorization shall be as valid as an original. If credit is extended as a result of this application, I/ we agree to make payment promptly in accordance with the creditor's usual terms provided in part that all accounts are due in full upon presentation of a statement and will be considered delinquent after the 15th of the month. Those accounts not paid by the 15th of the month are subject to a FINANCE CHARGE of 16% annual or a minimum charge of \$.50 cents on past due balance of less than \$37.50. I understand these terms and agree to pay any finance charges or interest incurred and I further agree to pay all legal fees and expenses incurred by creditor in the event that legal proceedings are necessary to collect your account.

Date of application _____

Corporation: _____ Individual Signature: _____

By: _____ Print Name: _____

Title: _____ Joint Signature: _____

Print Name: _____

If Corporation we require the following Personal Guaranty

I/ We ("Guarantors" jointly and severally, being interested in the business success of the applicant (hereinafter referred to as "COMPANY") and in order to induce Coop to sell and deliver it's products to Company on credit, do hereby unconditionally guaranty to Panhandle Cooperative Association (Hereinafter referred to as "Coop"), the payment of all sums when due owing by Company for all purchases from Coop until this Guaranty is canceled in writing by the undersigned. In the event this Guaranty is canceled, all sums then due from Company shall become immediately due and payable and this Guaranty shall remain effective until all such sums are paid. Guarantors agree that this shall be a continuing, absolute and unconditional guarantee and shall be in force and be binding upon Guarantors until all sums owing to Coop by Company are paid in full. Liability of the Guarantors hereunder shall in no way be affected or impaired by any surrender, compromise, settlement, release, renewal, extension, alteration, substitution, modification or other disposition of debt owing to Coop. Coop shall not be required to first resort for payment to Company of to any person, or to any collateral security, property, liens or other rights or remedies whatsoever. All agreements and promises hereunder shall be construed to be and are hereby declared to be joint and several in each and every particular and shall be fully binding upon and enforceable against either Guarantor and neither the death nor release of one Guarantor shall affect or release of liability of the other Guarantor hereunder

Dated _____

Guarantor _____ Guarantor _____