



BIG HORN CO-OPERATIVE MARKETING ASSOCIATION

P.O. BOX 591
 GREYBULL, WY 82426-0591
 PHONE (307) 765-2061 • FAX (307) 765-2562
 www.bighorncoop.com

OFFICE USE ONLY
ACCOUNT NUMBER
\$
CREDIT LIMIT
DATE APPROVED

APPLICATION FOR CREDIT
 WITH SUBSTITUTE FORM W-9 INFORMATION

RETAIN A COPY OF THIS APPLICATION. IT CONTAINS THE TERMS AND CONDITIONS THAT WILL GOVERN THE RIGHTS OF THE PARTIES.

APPLICANT / JOINT APPLICANT – If not living together submit separate application									
PRIMARY APPLICANT/OWNER/GUARANTOR – FIRST, MIDDLE INITIAL, LAST				BIRTH DATE		SOCIAL SECURITY NUMBER		Credit Limit Requested	
JOINT APPLICANT/OWNER/GUARANTOR – FIRST, MIDDLE INITIAL, LAST				BIRTH DATE		SOCIAL SECURITY NUMBER			
Mailing Address			City			State		Zip	
Delivery Address (If different than mailing address)			City			State		Zip	
Main Phone #		Cell Phone #		Email			Bank Institution and Branch		
Years At This Address	Own	Monthly Mortgage, Rent, or Lease Payment		\$	Other income, if alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
	Rent								
	Other								
Present Employer – Primary Applicant			Position/Title		Years	Gross Monthly Salary	\$		Other Income \$
Present Employer – Joint Applicant			Position/Title		Years	Gross Monthly Salary	\$		Other Income \$
BUSINESS APPLICANTS									
Name of Entity and DBA, if applicable							Federal ID No or Social Security Number		
Type (X)	Sole Proprietor	Corporation (State)			Partnership		LLC (State)		Other (Specify)
Type of Business (Farm, Retail, etc)		Date Started		If Ag Bus – Crops & Acres Farmed			Annual Gross Income \$	Annual Net Income \$	
Address of Headquarters				City			State	Zip	
Main Phone #		Cell Phone #		Email			Bank Institution and Branch		
Names of officers of corporation, other partners, or members of LLC									
If in business less than 3 years, prior names of businesses owned or operated by Applicant								Credit Limit Requested	
Authorized Agent Name (In addition to Applicant)				Title					
CREDIT REFERENCES -- BUSINESS APPLICANTS									
Name			Address					Phone	
Name			Address					Phone	
Name			Address					Phone	

Would you like a fuel card(s) for 24/7 access at Cardtrol fueling stations? _____ (CARDTROL APPLICATION REQUIRED)

Please Read, Complete, and Sign the Reverse Side

TERMS AND CONDITIONS OF CREDIT RELATIONSHIP

Applicant agrees that any extension of credit is subject to the terms and conditions set forth herein. No other terms and conditions shall become part of any sales agreement, purchase order, or other transaction, unless set forth in writing and signed by both parties. If Big Horn Co-Operative Marketing Association ("BHCMA") agrees to extend credit, all decisions regarding the granting or continuation of credit are at the sole discretion of BHCMA and may be terminated at any time. Applicant hereby authorizes BHCMA to contact credit reporting services and other third parties to determine Applicant's creditworthiness and authorizes the release of credit information from those entities to BHCMA. Applicant authorizes BHCMA to respond to credit inquiries from other parties. BHCMA assumes Applicant is solvent. Continued solvency is a precondition to any sale made by BHCMA. Applicant agrees to update this Application and provide financial statements upon request, and further agrees that, if there are any outstanding balances currently owing, those obligations shall also be governed by this Agreement.

Applicant hereby agrees that, if credit is granted to Applicant, Applicant will pay all charges made on Applicant's account by members of Applicant's family, or persons in the employ or agents of Applicant. In the event of a lost or stolen card, charge customers are responsible for all transactions made prior to notifying BHCMA at 307-765-2061 of the loss. Acceptance of goods, without notification to BHCMA of dispute or defect, shall be deemed an admission of liability for the amounts referenced in the invoice. Charges made during the month are billed on the last business day of that month and statements are mailed as soon thereafter as they can be processed. Statement balances are due and payable in full by the 20th day of the month in which they are mailed. If there are any parts of the bill that you believe are wrong or you need more information about a transaction you must send your inquiry in writing to BHCMA within 30 days after the bill was mailed to you. Any unpaid balance owed from the previous billing cycle may be subject to a Finance Charge as set forth below. BHCMA reserves the right to change these charges. Payment received may be applied against open charges at the discretion of BHCMA. All payments received or credits given will be applied first to the oldest balance due. Applicant agrees to be responsible for all collection costs and attorneys' fees incurred by BHCMA in connection with any delinquent account. The laws of the State of Wyoming shall be applicable to any action arising out of this Application. The parties agree that Big Horn County is the appropriate venue for such an action.

ANNUAL PERCENTAGE RATE	18.0%
METHOD OF COMPUTING BALANCE FOR CHARGING FINANCE CHARGE	ANY UNPAID BALANCE OWED AT THE END OF THE PREVIOUS BILLING CYCLE
MINIMUM FINANCE CHARGE	\$0.50

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington D.C. 20580. If credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact the Credit Department at BHCMA at the above address within sixty (60) days from the date you were notified of the decision to deny credit. BHCMA will send you a written statement of the reason(s) for denial within thirty (30) days of receiving your request.

By the signature below, Applicant states that he/she has read, understands, and agrees to the terms and conditions set forth herein and further certifies that all of the information contained in the Application and any attachments is true and correct to the best of their information, knowledge, and belief and further certifies that he/she is authorized to execute this Application on behalf of Applicant. BHCMA may rely on the information I have provided.

APPLICANT _____ JOINT APPLICANT _____ DATE: _____
 BUSINESS APPLICANT BY: _____ TITLE _____ DATE: _____

PERSONAL GUARANTEE – FOR BUSINESS ENTITY APPLICANTS

For and in consideration of Big Horn Co-Operative Marketing Association (BHCMA) extending credit to the business named in this Application, the undersigned hereby unconditionally personally guarantees the payment of any and all obligations of the business to BHCMA, including all interest, collection costs and attorneys' fees incurred by BHCMA in enforcing its rights under this Agreement, and any and all unpaid indebtedness already extended to the business or its predecessors. This guarantee shall be a continuing and irrevocable guaranty and indemnity for all indebtedness of the business to BHCMA. I hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement or indebtedness hereby guaranteed.

NAME (PRINTED) _____ SIGNATURE _____ DATE: _____
 NAME (PRINTED) _____ SIGNATURE _____ DATE: _____

(TO BE ELIGIBLE FOR PATRONAGE DIVIDENDS APPLICANT MUST SIGN BELOW)

MEMBERSHIP APPLICATION (SUBSTITUTE W-9)

I/We the undersigned hereby apply for membership in Big Horn Co-Operative Marketing Association, agree to patronize Big Horn Co-Operative Marketing Association on a cooperative basis and to abide by its articles of incorporation and bylaws now or hereafter in effect as a producer-member or an associate-member. I/We agree to accept any tax liability as a result of patronage dividends that may occur. Under penalties of perjury, I/We certify that:

1. The number(s) shown on this application is(are) the correct taxpayer identification number(s) and
2. I/We am/are not subject to backup withholding and
3. I/We am/are a U.S. person or entity (including a U.S. resident alien).

 PRIMARY APPLICANT _____ DATE _____ JOINT APPLICANT _____ DATE _____

BUSINESS APPLICANT NAME: _____

BY: _____ TITLE: _____ DATE: _____