

**Big Horn Co-operative Marketing Association
Application for Credit
(Print or Type All Data)**

Applicant/Bussiness _____ Fed EIN or SSN# _____
 Co-applicant _____ SSN# _____
 Mailing Address _____ City _____ State _____ Zip _____
 Telephone Number _____
 Own or Rent Farm/Home _____ Payment Farm/Home _____
 Date of Birth, Applicant _____ Co-applicant _____ # of Dependents _____
 Applicant Employer _____ City _____ State _____ Zip _____
 Position _____ How Long? _____ Monthly Salary _____
 Employer Name/Dept. Head _____ Telephone # _____
 Co-applicant Employer _____ City _____ State _____ Zip _____
 Position _____ How Long? _____ Monthly Salary _____

The previous information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed.

I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person to investigate the references herein listed or statements or other data obtained from me or from any other persons pertaining to my credit and financial responsibility.

Due to the fact of the unstable income, bankruptcies, and foreclosures which we as unsecured creditors cannot control, the Board of Directors has put into effect the following credit policy. The policy is as follows:

All accounts are due by the 20th of the month following the cut-off date which is the end of each month. After receipt of the second statement, if the account has not been paid in full by the 10th, the customer will be put on a cash basis. If the account is still overdue in 90 days, collection proceedings will begin. A finance charge of 1 ½ % per month (Annual percentage rate 18%) is charged on past due accounts and purchaser agrees to pay collection and/or attorney fees if necessary for collection.

This policy was adopted by the Board of Directors on March 12, 1984. Notices are being posted in all branches. We of the Big Horn Co-op appreciate your business and hope that you look on this as an improvement in your operation, as everyone who pays their bill regularly also has to pay the bill of people who don't through loss of margins in the company.

PLEASE READ BEFORE SIGNING THIS APPLICATION Credit Limit Requested _____

Applicant
Signature _____ Date _____
 Co-applicant
Signature _____ Date _____

Credit Approval

Credit Manager _____ Date _____

Individual Consent & Substitute Federal Form W-9

I hereby consent to include in my gross income, as now or hereafter provided in the Federal Income Tax laws, the stated dollar amount of each written notice of allocation which I receive from:

Big Horn Co-op Marketing Association, Inc., P. O. Box 591, Greybull, WY 82426

With respect to my patronage occurring during the current and all subsequent taxable years of this cooperative, this individual consent shall be revocable by me at any time if in writing.

Name as shown on account _____

Mailing address _____

Personal SSN _____

City _____ State _____ Zip _____

FED EIN _____

Birthdate: _____

Telephone # _____

Certification: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am writing for a number to be issued to me.)

And

- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Certification instructions: You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

Signature

Date