



South Central Grain & Energy

Fairfax	Hector	Gibbon	Buffalo Lake
PO Box E	PO Box 338	PO Box 47	PO Box 99
Fairfax MN 55332	Hector MN 55342	Gibbon MN 55335	Buffalo Lake MN 55314
Stewart	*Cosmos*	*Darwin*	*Eden Valley*
			Lake Lillian

Last Name	First	Initial	Social Security Number	Home Phone	Date of Birth
Address			City	State	Zip
			Years at Present Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous Address		City	State	Zip	Years There
				No. of Dependents (include self)	
Present Employer		Years There	Address		Bus. Phone
					Position
Previous Employer – Address & Phone				Years There	Monthly Income (Do not include spouse income)
Nearest Relative not Living with You				Address	
				Relationship	
<p>CO-APPLICANT Complete this part if: (1) Another person will charge to this account in any way. Such person must also sign application and will be jointly obligated on the account. OR (2) you are relying on income derived from a spouse or former spouse including child support, alimony, or maintenance payments for repayment of the account.</p>					
Spouses Name			Social Security Number		Date of Birth
					Relationship
Employer Name and Address			Phone Number	Years There	Position
					Monthly Income
CREDIT REFERENCES: List all obligations with banks, finance companies, private lenders, Contract for Deeds, etc.					
CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of Bank		Address	Phone
					Account Number
SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of Bank		Address	Phone
					Account Number
Lender Name and Address				Phone	Balance
					Payment
TRADE REFERENCES: List suppliers for fertilizer or chemicals, feed or animal health, petroleum or home heating, farm supplies, or other credit references.					
Name & Address of Trade Reference or Credit Card Account				Phone	Balance
					Payment

I agree that the following terms will govern any purchases made which are charged to any charge account that I may have with: **South Central Grain & Energy**

Credit Policy

1. Patron will pay the entire balance showing on the account statement by the payment due date.
2. All purchases made on credit during the month are due and payable by the 15th of the following month. **ANY REMAINING BALANCE DUE AND UNPAID BY THE 15TH OF THE MONTH FOLLOWING THE MONTH OF PURCHASE SHALL BE SUBJECT TO A FINANCE CHARGE COMPUTED AT THE PERIODIC RATE OF ONE AND ONE-HALF PERCENT (1.5%) PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF EIGHTEEN PERCENT (18%).** A minimum finance charge of one dollar (\$1.00) shall be assessed on past due accounts.
3. The closing date of the billing cycle shall be the end of the month. All periodic statements shall be mailed as soon as possible following the closing date of the billing cycle.
4. If the account is not paid by the 15th of the month, the account shall be classified as delinquent and the account shall be placed on a cash only basis. Credit shall not be extended to any account which has a past due balance.
5. Payments shall be applied first to the unpaid finance charge, then to the remaining outstanding balance.
6. Cash discounts may be given on certain items in certain departments. Check with the Department for further details on cash discounts.
7. In the event that collection proceedings are initiated to collect any balance due, you may be subject to additional court costs, attorney's fees, or collection agency charges. It is understood that SCG&E has a first lien on any equity held by the applicant in the Coop.
8. If applying for a joint account, both of you agrees to be bound by the terms of this agreement and each of you agree to be jointly and severally liable for payment of all purchases made under this agreement.
9. SCG&E has the right to amend the terms and conditions of this agreement by advising you of its intentions to do so in a manner and to the EXTENT REQUIRED BY APPLICABLE LAW. Use of the account after notification will indicate your agreement to the change.
10. Management reserves the right to deny or limit extension of credit or terminate the account. Termination shall not affect my obligation to pay an existing balance.

****The purpose of this credit policy is to extend only convenience to patrons and customers. Any other terms of credit must be approved by the appropriate authority prior to the time of purchase.****

Everything that I have stated in this application is correct to the best of my knowledge. I understand that SCG&E will retain this application whether or not it is approved. SCG&E is authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant's Signature	Date	Other Signature (Where Applicable)	Date
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