



<i>Office Use Only</i>	
Credit Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
By:	_____
Credit Limit: \$	Date: _____
Number of C-Store Cards Desired:	_____

Canby Ghent Hendricks Ivanhoe Minneota Marshall Slayton

1100 East Main Street, Marshall, MN 56258; Phone: 507-532-9686

CREDIT APPLICATION AND CREDIT POLICY

Amount of Credit Requested: \$ _____	Type of Operation: <input type="checkbox"/> Agriculture <input type="checkbox"/> Consumer <input type="checkbox"/> Commercial	Account #: _____
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Check Product(s) interested in purchasing:

Diesel Gasoline Propane C-Store Agronomy Shop/Service All Products

A P P L I C A N T	Applicant is an: <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Principal Owner(s)/Officer(s):		
	If Applicable, Entity Name: _____		TIN/EIN#: _____		
	Applicant Last Name: _____		First: _____	MI: _____	
	Social Security#: _____		Date of Birth: _____		
	Home Phone: _____	Cell Phone: _____	Fax: _____	E-mail: _____	
	Address: _____	City: _____	State: _____	Zip Code: _____	
	County of residence: _____	Counties Farmed in: _____		Yr began Farming: _____	
	Years at present address: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	If at present address less than 5 years, former address (street, town, state, zip)		
	Present Employer: _____	Years at Employer: _____	Position: _____		
	Employer Address: _____	Employer Business Phone: _____	Supervisor: _____	Annual Wages: _____	
Spouse First Name: _____		Spouse MI: _____	Spouse Last Name: _____		
Spouse SS #: _____		Spouse Date of Birth: _____			

Co-APPLICANT: (Complete this part if another person will use this account. Co-Applicant must sign this application also and is jointly and severally obligated on the account).

C O A P P L I C A N T	Co-Applicant Last Name: _____		First: _____	MI: _____	
	Social Security #: _____		Date of Birth: _____		
	Home Phone: _____	Cell Phone: _____	Fax: _____	E-mail: _____	
	Address: _____	City: _____	State: _____	Zip Code: _____	
	County of Residence: _____	Counties Farmed in: _____		Yr began Farming: _____	
	Years at present Address: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	If at present address less than 5 years, former address (street, town, state, zip)		
	Present Employer: _____	Years at Employee: _____	Position: _____		
	Employer Address: _____	Employer Business Phone: _____	Supervisor: _____	Annual Wages: _____	
	Spouse First Name: _____		MI: _____	Last Name: _____	
	Spouse SS#: _____		Spouse Date of Birth: _____		

CREDIT & TRADE REFRENCES: List suppliers for credit, agronomy, petroleum, home heating or other credit references.

Name & Address of references:	Phone:	Fax:	Annual:	Current Balance:
Lender:			\$	\$
Trade:			\$	\$
Trade:			\$	\$
Has the applicant filed bankruptcy within the past seven years: <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, provide location & date of filing: _____				

SUMMARY OF FINANCIAL POSITION AS OF BALANCE SHEET DATED _____ (INSERT DATE)

Income	Assets	Liabilities
Gross Farm Income: \$ _____	Current Assets: \$ _____	Current Liabilities: \$ _____
Non-Farm Income: \$ _____	Intermediate Assets: \$ _____	Intermediate Liabilities: \$ _____
Source of Non Farm Income: _____	Long Term Assets: \$ _____	Long Term Liabilities: \$ _____
	Total Assets: \$ _____	Total Liabilities: \$ _____
		Net Worth: \$ _____

If crop operation, complete Crop Income section below.

Agreement: I/We agree to pay all account balances by the due date as indicated in the account statement and understand that Ag Plus may suspend or revoke the extension of further credit at any time in Ag Plus's sole discretion. At the sole discretion of Ag Plus and under terms acceptable to Ag Plus, extended credit terms may be offered. I/We understand that a FINANCE CHARGE EQUAL TO 1.5% PER MONTH (18% PER ANNUM) of any account balance not paid when due will be applied to my account. All payments received shall first be applied to any unpaid finance charge. In addition to the finance charge, I/we agree to pay to Ag Plus all out of pocket cost and attorney fees incurred with the collection of my/our account. I/We may terminate the right to charge with Ag Plus but agree that any such termination shall not affect my/our obligation to pay any and all existing account balances with Ag Plus.

Disclosure: By signing below, I/we certify that the information, together with any additional information provided, is a true, correct and complete statement of my/our financial condition as of the date indicated below. I/we consent to any credit and employment investigation (both in the current and future years) necessary to act on or verify the supplied information, including obtaining a credit report on any individual applicant(s) and reporting applicant performance under this agreement to credit reporting agencies.

IMPORTANT: PLEASE REVIEW ALL PAGES BEFORE SIGNING THIS AGREEMENT.

I certify that I am authorized to sign this agreement and to hereby bind the person(s) on whose behalf I am signing.

Applicant/Customer	Co-Applicant/Customer	Co-Applicant/Customer
By _____	By _____	By _____
Its _____	Its _____	Its _____
Dated _____ / _____ / _____	Dated _____ / _____ / _____	Dated _____ / _____ / _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that 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.

Crop Income

Crop Type	Number of Acres	Land Ownership
		<input type="checkbox"/> Own <input type="checkbox"/> Rent
		<input type="checkbox"/> Own <input type="checkbox"/> Rent
		<input type="checkbox"/> Own <input type="checkbox"/> Rent
		<input type="checkbox"/> Own <input type="checkbox"/> Rent

Live Stock Type	Number of Head

Required Regulation Z Disclosures

What is the annual percentage rate (APR) for account balances not paid within 30 days?	Ag Plus charges an APR of 1.5% per month (18% per annum) on all account balances not paid within 30 days.
Are there other charges in addition to the finance charge?	Yes. A \$30 charge is assessed for checks that are returned for non-sufficient funds. Ag Plus is also permitted to recover its attorney's fees and other costs associated with collecting amounts owed Ag Plus.
Does Ag Plus take a security interest?	Usually not, but there are cases when Ag Plus will request a perfected interest either in the things you are purchasing and/or in other collateral you have an interest in. If additional security is requested, it will secure previous credit extended plus credit extended in the future.
Does Ag Plus have a first lien on your equity in Ag Plus and the right to offset against it?	Yes, it does. Part of Ag Plus's earnings are distributed to qualifying patrons in the form of equities, which are eventually revolved according to policies established by Ag Plus's Board of Directors. Ag Plus's bylaws give Ag Plus a first lien on any equities you earn from patronizing Ag Plus. Ag Plus routinely offsets those equities against accounts that it considers uncollectible. Ag Plus reserves the right to discount your equities if it exercises its right of offset. If you do not keep Ag Plus informed of address changes, your allocated equity, if any, will be deemed contributed to Ag Plus's unallocated surplus.
Is there a point where your payment terms will be cash on delivery (COD) if your account is not paid?	Yes. Accounts must be paid in full within 90 days after the closing date, and if the account is not paid, you may be required to pay cash for purchases thereafter. In addition, Ag Plus reserves the right to place any account holder on immediate COD anytime Ag Plus has reasonable belief that repayment will not be made in accordance with the credit policy, or if Ag Plus does not want to extend credit for any reason that is not otherwise unlawful.
Is there a minimum amount due?	Yes, Ag Plus is not in business of providing financing to its customers. Ag Plus provides convenience credit, and the credit policy requires payment of the account in full by the 20 th of the month following the closing date. Ag Plus may, but is not obligated to, continue extending credit to those who do not pay their account in accordance with Ag Plus's credit policy. Send payments to Ag Plus, 1100 E. Main Street, Marshall, MN 56258.

YOUR BILLING RIGHT UNDER THE FAIR CREDIT BILLING ACT

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

1. Notify Us In Case of Errors or Questions About your Bill: If you think your bill is wrong, or if you need more information about a transaction on your bill, write Ag Plus (on a separate sheet) at the address listed in your bill. Write to Ag Plus as soon as possible. Ag Plus must hear from you no later than 60 days after receipt of the first bill on which the error or problem appeared. You can telephone Ag Plus but doing so will not preserve your rights. In your letter, provide Ag Plus with the following information: (1) Your name and account number (2) The dollar amount of the suspected error, and (3) Describe the error and explain why you believe there is an error. If you need more information, describe in the letter what information is needed.

2. You're Rights and Ag Plus's Responsibilities After Receipt of Your Written Notice: Ag Plus must acknowledge your letter within 30 days, unless Ag Plus has already corrected. Within 90 days, Ag Plus must either correct the error or explain why it believes the bill was correct. After Ag Plus receives your letter, Ag Plus cannot try to collect any amount you question or report you as delinquent. Ag Plus can continue to bill you for the amount you question, including *finance charges*, and Ag Plus can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while Ag Plus is investigating, but you are still obligated to pay the parts of your bill that are not in question. If Ag Plus finds that it made a mistake on your bill, you will not have to pay a *finance charges* related to any questioned amount. If Ag Plus did not make a mistake, you may have to pay *finance charges* and you will have to make up any missed payments on the questioned amount. In either case, Ag Plus will send you a statement of the amount you owe and the date that it is due. If you fail to pay the amount that Ag Plus thinks you owe, Ag Plus may report you as delinquent. However, if Ag Plus's explanation does not satisfy you and you write to Ag Plus within ten days telling us that you still refuse to pay, Ag Plus must tell anyone we reported you to that you have questions about your bill and we must tell you the name of anyone Ag Plus reported you to. Ag Plus must tell anyone it reports you to that the matter has been settled between us when it finally is. If we don't follow these rules, we cannot collect the first \$50 of the questioned amount, even if your bill was correct. This notice is not part of the agreement terms but instead a Notice advising you of your rights to dispute billing errors.

DISCLAIMER OF ALL WARRANTIES. AG PLUS MAKES NO WARRANTY OF ITS PRODUCT, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY AND FITNESS FOR A SPECIFIC PURPOSE

CONSENT TO REPORT QUALIFIED PATRONAGE REFUNDS

By signing this agreement, I hereby consent to include in my gross income (or the gross income of the entity that I sign this form on behalf of), as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I or it receives from Ag Plus, with respect to my or its patronage occurring during the current and all subsequent taxable years of this cooperative. This Individual consent shall be revocable by me or it at any time if in writing via the execution of a Revocation of Patronage form.

RECOVERY OF ATTORNEY'S FEES & COLLECTION COSTS

In the event Ag Plus initiates collection proceedings to collect amounts due on open account, all costs of collection and reasonable attorney's fees incurred or paid by Ag Plus in order to collect the amount due shall be added to the amount due and paid by Customer unless prohibited by law. This agreement applies to all unpaid charges incurred prior to the date of this agreement and all future charges.

INDEMNIFICATION OF AG PLUS FOR INQUIRING WITH EMPLOYMENT/TRADE/CREDIT REFERENCES

The applicant grants permission to Ag Plus and any reference above named to answer any Ag Plus inquiry, and the applicant shall indemnify and hold Ag Plus or any reference harmless from litigation, claims, damages or judgments brought by applicant or beneficiary for making inquiries with references, answers furnished by references, or Ag Plus's decision not to extend credit based on those answers. The applicant shall hold Ag Plus harmless from the receipt and use of credit reports about the applicant or the applicant's guarantor.

YOUR FAILURE TO INFORM AG PLUS OF ADDRESS CHANGES OR KEEP ADDRESS CURRENT

If you fail to keep your address current or inform Ag Plus of changes in your address, you agree that Ag Plus may deem any equity Ag Plus previously allocated to you that was not or is not called for payment or then payable, to be contributed from your account to Ag Plus's unallocated surplus.



Consent to Receive Patronage Form

Name as shown on account _____

Birth Date _____

Mailing Address _____

Telephone _____

City, State, Zip _____

SS or Fed ID _____

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 qualified allocation which I receive from Ag Plus Cooperative 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.

Certification – Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) 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 the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the 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 _____