

Return completed application to:
 Mid-Iowa Cooperative
 P.O. Box 264
 Hudson, Iowa 50643

BUSINESS CREDIT APPLICATION

COMPANY INFORMATION Planned Business: _____ Grain _____ Feed

Company Name _____ Fed ID# _____ In Business Since _____

Address _____
Street City State Zip

Phone # _____ Fax # _____

Business type Sole Proprietor Partnership LLC Corporation Other

Credit amount requested \$ _____ monthly

Accounts Payable Contact _____ Phone _____

BANKING INFORMATION

Bank Name _____ Address _____
Street City State

Phone _____ Contact _____

Do you wish to have Mid-Iowa Cooperative draft your account automatically for your monthly charges? Yes or No

CREDIT REFERENCES

Company Name _____ Phone _____
 Address _____
City State Zip

Contact _____ Email _____

Company Name _____ Phone _____
 Address _____
City State Zip

Contact _____ Email _____

Authorized Signature

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized now, and in the future, to check our company credit, including, but not limited to, our bank and trade references. I attest that I am an officer of the company and authorized to make this application on the company's behalf. Any legal proceedings arising out of any contract made or dealing between the parties is to be processed and submitted to a court in the state of Iowa and governed by the laws of Iowa. The company hereby agrees that, in the event of legal action brought by Mid-Iowa Cooperative as a result of the company's failing to fulfill any duty and/or obligation to Mid-Iowa Cooperative, the company will pay any cost, including attorney's fees, incurred by Mid-Iowa Cooperative in connection with said legal action.

 Printed Name Signature Date

Personal Guarantee

The undersigned guarantor(s) hereby guarantee prompt and satisfactory performance of the obligations of the applicant in accordance with the terms and conditions set forth in this application and in Mid-Iowa Cooperative's Business Credit Policy, receipt of which is hereby acknowledged. The Guarantor(s) understand that his or her individual credit history maybe a factor in the evaluation of the applicant. Further, the guarantor(s) authorizes Mid-Iowa Cooperative to request consumer reports from consumer reporting agencies to consider this application.

 Printed Name Signature Date

CREDIT POLICY

Accounts not paid by the 15th day of the month following the month of purchase will be assessed a service charge of 1.5% per month (18% annually). Any account over 60 days past due will not be extended further credit until the delinquent amount is paid in full. Any account 90 days past due will be subject to collection by an attorney. Information used for credit purposes only. All information is strictly confidential.