



CUSTOMER CREDIT APPLICATION

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

INDIVIDUAL INFORMATION Planned Business: ___ Grain ___ Feed

Applicant Name _____ SSN _____ DOB _____
First MI Last

Spouse Name _____ SSN _____ DOB _____
First MI Last

Address _____
Street City State Zip

Phone Home _____ Cell _____

Applicant Employer _____ Address _____ Years there _____

Spouse Employer _____ Address _____ Years there _____

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

Are you interested in membership in Mid-Iowa Cooperative? Yes or No

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 our attorney.

I hereby state that the above information is true and authorize Mid-Iowa Cooperative to inquire with the above sources or a credit bureau reporting agency.

 Applicant signature Date

 Spouse signature Date

Information used for credit purposes only. All information is strictly confidential.