



Mountain View Co-op Credit Application

Administration Office
1030 Montana Ave NE
Black Eagle, MT 59414

Phone: 406-453-5900
Fax: 406-453-2592
Date: _____

Please provide all the information requested. The information received is for credit purposes only and will otherwise be held in the strictest confidence.

Request credit limit: \$ _____
Are you a producer? Yes No

Is this a farm/ranch account? Yes No
What % of income from farm/ranch? ____%

Full Name on Account: _____ Email Address _____
Social Security # _____ Date of birth: _____
Mailing Address: _____
(City) (State) (Zip code)

Physical Address: _____
(City) (State) (Zip code)

Home Phone: _____ Work Phone: _____ Other Phone Number: _____
Employer: _____ Address: _____
Years Employed: _____ Supervisor's Name: _____ Annual Income: _____

Co-Applicant's Name: _____ Email Address _____
Social Security # _____ Date of Birth: _____
Home Phone: _____ Work Phone: _____ Other Phone Number: _____
Employer: _____ Address: _____
Years Employed: _____ Supervisor's Name: _____ Annual Income: _____

COMPLETE FOR A BUSINESS ACCOUNT ONLY:

BUSINESS CLASSIFICATION: SOLE PROPRIETORSHIP. PARTNERSHIP CORPORATION LLC
Business Name: _____ Fed. ID # _____
Billing Address: _____
(City) (State) (Zip code)

Physical Address: _____
(City) (State) (Zip code)

Business phone: _____ Type of business: _____ Years in Business: _____

Partners or Officers:

Full Name: _____ Date of Birth: _____ Social Security # _____

Mailing Address: _____ Email _____
(City) (State) (Zip code)

Full Name: _____ Date of Birth: _____ Social Security # _____

Mailing Address: _____ Email _____
(City) (State) (Zip code)

If Mountain View Co-op approves this credit application, the applicant agrees as follows:

1. Applicant grants permission to make inquiries regarding his/her credit status.
2. Applicant signature attests to financial responsibility, willingness to pay all invoices in accordance with payment terms.
3. Payment terms are the following:
 - The closing date of the billing cycle is the last day of each month.
 - All invoices are due in full by the 20th of the month following the purchase.
 - Amounts due under the account not paid by the 20th of the month following the purchase shall accrue a FINANCE CHARGE in an amount equal to one and one-half percent (1 ½ %) of the past due per month.
 - The past due balance is computed by deducting all current payments and credits from the previous balance.
 - The FINANCE CHARGE will be computed by applying a periodic rate of 1.5% per month, which is equivalent to an ANNUAL PERCENTAGE OF 18%.
 - Applicant agrees to pay such FINANCE CHARGE.
4. Mountain View Co-op, in its sole discretion, may terminate or limit applicant's use of the Account at any time.
5. Applicant will promptly notify Mountain View Co-op of any change in address.
6. The terms of this agreement may not be altered or amended, except by an instrument in writing.
7. The undersigned warrants that he/she has authority to execute this account agreement and to bind said applicant to the terms herein contained.
8. Mountain View Co-op may obtain various liens allowed by law, including but not limited to agricultural and crop liens.
9. Applicants shall pay all reasonable costs of collection incurred by reason of credit extended, including but not limited to attorney's fees, court costs and collection fees.
10. The laws of the State of Montana shall govern this agreement.
11. If Applicant(s) exceeds assigned credit limit, he/she/they/it agrees the total amount due on the account is his/her/their/its responsibility and agree(s) by signing this application that the entire balance, including amounts that exceeds the assigned credit limit due.

Mountain View Co-op is authorized to investigate applicant's credit references and credit history and to make sure inquiry concerning applicant's financial responsibility, as it may deem necessary. The authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original. Mountain View Co-op is also authorized to report to appropriate persons or agencies concerning applicant's performance of this agreement.

Applicant's Signature Date

Signature of Co-Applicant (If applicable) Date

Signature of Owner, Partner, Member, or Officer-for Business Application Date

Signature of Owner, Partner, Member, or Officer-for Business Application Date



Bank Reference:

<u>Bank Name</u>	<u>Account Number</u>	<u>Contact Person</u>	<u>Phone Number</u>
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Trade References:

<u>Trade Creditor</u>	<u>Account Number</u>	<u>Contact Person</u>	<u>Phone Number</u>
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1) _____

2) _____

3) _____

I (We) _____ do hereby authorize the following person(s) full privileges to make purchases on my (our) account. I (We) will guarantee payment in full for all charges. I (We) will notify you if any changes occur.

Signature	Print Name	Date
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Signature	Print Name	Date
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Names of individuals authorized to use this account:

Signature	Print Name	Relationship
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Signature	Print Name	Relationship
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Signature	Print Name	Relationship
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PERSONAL GUARANTY

In order to induce Mountain View Co-op (hereinafter called the Cooperative) to extend credit to, or otherwise do business with _____, doing business as _____ (hereinafter referred to as Debtor), and in consideration thereof, I (we) personally guaranty the prompt payment by Debtor, when due, of each and every invoice, check, open account and/or any and all other indebtedness or liabilities (hereinafter referred to as Obligations) arising out of the sale of products and/or services by the Cooperative to Debtor for which Debtor is or shall become liable to Cooperative, together with all attorney fees, cost and expenses of collection incurred or sustained by the Cooperative in connection with any matter covered by this Guaranty. Upon any default by Debtor in payment of any obligation due the Cooperative, the Cooperative at its option may proceed in the first instance to collect any monies payable under this Guaranty against the guarantor(s), without first proceeding against the Debtor, it being agreed that the liability of the Guarantor hereunder is a primary obligation.

This is intended as and shall be a continuing guaranty and may be revoked only by the actual receipt of the Cooperative of notice in writing from Guarantor, it being understood that such revocation shall not affect this Guaranty with respect to the aforesaid obligations of Debtor existing at the time of the Cooperative's actual receipt of such notice.

Notice of the acceptance of this Guaranty is hereby waived; notice of any and all indebtedness or liability accepted during the existence of this Guaranty is hereby waived; and notice of default in the payment of any indebtedness guaranteed hereunder is expressly waived.

Signed this _____ day of _____. Signed individually – not as a corporation officer.

GUARANTOR(S) _____
 Signature Print Name Date

 Signature Print Name Date

Please return the completed credit application to:

**Mountain View Co-op
 Attn: Credit Department
 1030 Montana Ave NE
 Black Eagle, MT 59414**