



First Cooperative Association

Credit Department • 204 West Railroad • PO Box 628 • Marcus, IA 51035
Phone 712-376-4147 or 888-244-8314 • Fax 712-376-4149

Business Application

ACCOUNT INFORMATION:

Name _____ Fed. ID _____

Address _____ City _____ ST _____ Zip _____

County _____ Business Phone _____ Ext _____

Alt. Phone _____ Fax _____ Years in Business _____

Email _____ Sales Tax # (if tax exempt) _____

Owner _____ Acct Payable Contact _____

Does your company require a PO # Yes No

CREDIT INFORMATION:

Financial Institution

Name _____

Address _____

City _____ ST _____ Zip _____

Phone Number _____

Contact Person _____

Checking Savings Loan

Acct Number _____

Financial Institution

Name _____

Address _____

City _____ ST _____ Zip _____

Phone Number _____

Contact Person _____

Checking Savings Loan

Acct Number _____

Locations at

*Alta Aurelia Battle Creek Cherokee Cleghorn Galva Holstein Ida Grove Larrabee
Laurens Linn Grove Marathon Marcus Paullina Peterson Schaller Sioux Rapids Webb*

TRADE REFERENCES:

Check types of purchases you plan to make and supply one trade reference for each.

Agronomy Reference Name _____
Address _____
City _____ ST _____ Zip _____
Permission to Contact? Yes No Phone _____

Feed Reference Name _____
Address _____
City _____ ST _____ Zip _____
Permission to Contact? Yes No Phone _____

Petroleum Reference Name _____
Address _____
City _____ ST _____ Zip _____
Permission to Contact? Yes No Phone _____

Personal Guarantee

Each of the undersigned Guarantors hereby guarantees prompt and satisfactory performance of the obligations of the Applicant in accordance with the terms and conditions of the Application and accompanying Credit Policy. If the Applicant is in default of any of the obligations under the Application and Credit Policy, each Guarantor agree to pay First Cooperative Association the amount the First Cooperative Association is entitled to recover from the Applicant by reason of such default. This guarantee shall continue in force until all obligations of the Applicant have been satisfied. Guarantors shall be jointly and severally liable for all obligations under this guarantee. The guarantee may be enforced against any guarantor separately or against all guarantors jointly.

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. The below signed each agrees to abide by the terms and conditions set forth in the agreement and acknowledges receipt of First Cooperative Association’s Credit Policy.

Guarantor Signature

Date

Guarantor Signature

Date

Guarantor Signature

Date

Guarantor Signature

Date

(To Be Completed By First Coop)

Acct ID _____

Salesmen _____

iView Account ID _____