



Farmers Union Oil Company
 124 West Nichols Ave.
 Montevideo, MN 56265
 (320) 269-8861

Credit Application

Email Application to officemgr@montevideocenex.com or fax to 320-269-7791

Products Planning on Purchasing <input type="checkbox"/> Petroleum <input type="checkbox"/> LP Gas <input type="checkbox"/> Cardtrol <input type="checkbox"/> Automotive <input type="checkbox"/> Hardware <input type="checkbox"/> Tires <input type="checkbox"/> Agronomy <input type="checkbox"/> Other <input type="checkbox"/> Fuel Oil	Office Use Date Approved _____ By Whom _____ Account # _____
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LAST NAME	FIRST	INITIAL	SS NUMBER	HOME PHONE	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP	CELL PHONE	YEARS AT PRESENT ADDRESS	OWN/RENT
DIRECTIONS TO HOME IF RURAL						
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS THERE	NO. OF DEPENDENTS	
PRESENTS EMPLOYER	# OF YEARS	POSITION (if self employed-nature of business)		MONTHLY INCOME	OTHER INCOME	
ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE		
PREVIOUS EMPLOYER	YEARS THERE		POSITION			
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS		PHONE #	RELATIONSHIP		
LIST ALL PEOPLE INCLUDING CHILDREN WHO ARE ALSO AUTHORIZED TO CHARGE ON THIS ACCOUNT						
CO-APPLICANT (complete this part only if this person will be jointly obligated, this person must also sign the application)						
NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH	RELATIONSHIP		
STREET ADDRESS	CITY	STATE	ZIP	YEARS THERE	PHONE NUMBER	
PRESENT EMPLOYER	ADDRESS		YEARS THERE	POSITION	MONTHLY INCOME	
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS		PHONE NUMBER	RELATIONSHIP		

CREDIT REFERENCES (LIST ALL OBLIGATIONS WITH BANKS, FINANCE COMPANIES, ETC.)

NAME OF CREDIT REFERENCE (Name, Address, and Telephone #)	ACCOUNT: CHECKING/SAVINGS	BALANCE	PAYMENT		
LANDLORD OR MORTGAGE HOLDER	ACCOUNT#	LOANS	REALESTATE	AUTO	PAYMENT
PERSONAL CREDIT REFERENCE		PHONE#	ADDRESS		

The above information is for the purpose of obtaining credit and is warranted to be true, I authorize Farmers Union Oil Company to obtain credit information from the above listed references. I agree to pay all bills, according to the Farmers Union Oil Company policy, upon receipt of the statement or as otherwise expressly agreed. I also understand if the Board Of Directors deems this account uncollectible, and in turn is turned over to an agency for collection I will be responsible to pay fees (attorney, court costs, registered letters) incurred by Farmers Union Oil Company in the pursuit of collection

Applicant Signature	Date	Co-Applicant Signature	Date
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DISCLOSURE NOTICE

Dear patron:

The following disclosures in connection with your General Charge Account are made pursuant to the federal Truth in Lending Act.

CREDIT POLICY

If payment of the cash sale price of any purchase is received prior to the closing date of the second monthly billing cycle following purchase, you will pay no FINANCE CHARGE on the purchase. The closing date is the last day of each calendar month. A FINANCE CHARGE will be imposed on the Past Due Balance, which is determined by deducting all payments and credits during the current monthly billing cycle from Previous Balance. The Previous Balance is the unpaid balance at the beginning of the monthly billing cycle. The monthly Periodic Rate used to compute the FINANCE CHARGE is 1.50%. It is applied to the Past Due Balance and becomes an ANNUAL PERCENTAGE RATE OF 18%. If your account is deemed uncollectible by the cooperative and is sent for outside collection you will be charged a percentage of the fees incurred by Farmers Union Oil Co in pursuit of collection debt.

This cooperative pursuant to its Articles of Incorporation and By-laws, has first lien on the capital stock of equities of the cooperative held by you for any debt due by you that is deemed otherwise uncollectible by your Board Of Directors

Pete Schmitz
General Manager