



## Mountain View Co-op Credit Application

Administration Office  
2200 Old Havre Highway  
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: \$ \_\_\_\_\_ Is this a farm/ranch account?  Yes  No  
Are you a producer?  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 20<sup>th</sup> of the month following the purchase.
  - Amounts due under the account not paid by the 20<sup>th</sup> 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>
_____	_____	_____	_____
_____	_____	_____	_____

**Trade References:**

<u>Trade Creditor</u>	<u>Account Number</u>	<u>Contact Person</u>	<u>Phone Number</u>
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  
2200 Old Havre Highway  
Black Eagle, MT 59414**