PERSONAL CREDIT APPLICATION
AND CREDIT AGREEMENT

PO BOX 2188 SCOTTSBLUFF, NE 69363-2188 PHONE: 308-632-5301 FAX: 308-632-5375

Service Requested(check all that apply):	___	Propane	___	Tires	___	Misc	___	Cardtrol Cards	___	Fuel	___ Oil ___ Agronomy

Amount Requested: _____	If Cardtrol, Number of Cards Requested: _____

Card Input Requirements: Odometer Reading: ___Yes ___No Vehicle Number: ___Yes ___No

APPLICANT INFORMATION:		
NAME(FIRST MIDDLE LAST):		
SOCIAL SECURITY #	DOB:	EMAIL ADDRESS:
MAILING ADDRESS:		CITY/STATE/ZIP:
PHYSICAL ADDRESS:		CITY/STATE/ZIP:
HOME PHONE:	CELL PHONE:	WORK PHONE:
DRIVER'S LICENSE #	STATE ISSUED IN:	EXPIRATION DATE:
CURRENT EMPLOYER:	ADDRESS:	
POSITION:	MONTHLY INCOME: $	LENGTH OF EMPLOYMENT:

CO-APPLICANT INFORMATION:		
NAME(FIRST MIDDLE LAST):		
SOCIAL SECURITY #	DOB:	EMAIL ADDRESS:
MAILING ADDRESS:		CITY/STATE/ZIP:
PHYSICAL ADDRESS:		CITY/STATE/ZIP:
HOME PHONE:	CELL PHONE:	WORK PHONE:
DRIVER'S LICENSE #	STATE ISSUED IN:	EXPIRATION DATE:
CURRENT EMPLOYER:	ADDRESS:	
POSITION:	MONTHLY INCOME: $	LENGTH OF EMPLOYMENT:

BANK REFERENCES:

Type of Account	Bank Name	Address	Account Number

Terms & Conditions:

Unless otherwise agreed to in writing, all accounts are due & payable in full on the 15th of each month for the prior month's purchases. I(we) understand that if any portion of the balance remains unpaid after the due date, I(we) may be placed on a cash basis until that amount is paid. I(we) understand that a FINANCE CHARGE of 1.33%(16% APR) will be assessed on any past due balance (minimum charge of $.50). Payments shall be applied first to any unpaid Finance Charge, then to the remaining outstanding balance due. In the event that collection proceedings must be instituted to collect any balance due, I(we) understand that I(we) may be subject to, and agree to be liable for, additional collection agency fees, court costs and/or attorney fees. All parties to the application agree to be bound by the terms of this Agreement, and each agree to be jointly and severally liable for payment of all purchases made under this Agreement. PCA shall have the right to limit or terminate the Agreement, as well as the resulting open account at any time, but such termination shall not affect my(our) obligation to pay any outstanding balance on the account. PCA may declare the entire outstanding balance due and payable in full at any time it deems necessary.

I(we) state that all information contained herein is correct to the best of our knowledge, and hereby consent and agree to, and authorize the use of a credit report at any time to determine credit worthiness. I(we) authorize all trade reference sources, banking/financial institutions and accountants to release information to Panhandle Cooperative Association as part of this Application. I(we) understand that PCA will retain this Application and Credit Agreement even if not approved This Application and Credit Agreement does not create an obligation for PCA to supply services to us. It is expressly agreed that a photocopy and/or faxed copy of this authorization be valid as an original.

_____ Signature Date

_____ Signature Date

For Internal use: Salesperson_____