



709 Mill Street, PO Box 460  
 Reedsville, WI 54230  
 Phone: (800) 236-4047  
 FAX: (920) 754-4536  
 Email: info@cvcoop.com

OFFICE USE ONLY	
STATUS	_____
DATE	_____
ACCOUNT	_____
APPROVED BY	_____

**CREDIT APPLICATION – BUSINESS (Please Print)**

Sole Proprietor  Corporation  Partnership  Limited Liability Company (LLC)

Date Business Originated \_\_\_/\_\_\_/\_\_\_ Federal Tax ID \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_

Trade Name (if used) \_\_\_\_\_

Billing Address \_\_\_\_\_  
 Street Address City State Zip

Delivery Address \_\_\_\_\_  
 Street Address City State Zip

**PRINCIPALS, OWNERS, OFFICERS, MEMBERS**

Name	Title	Social Security Number	Date of Birth

Primary Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_ TOTAL LIABILITIES \$ \_\_\_\_\_ NET WORTH \$ \_\_\_\_\_

**CREDIT REFERENCES**

	Name	Contact Person	Phone	Fax
PRIMARY BANK/LENDER				
PRIMARY SUPPLIER				
OTHER				

**PLEASE INDICATE PRODUCTS AND SERVICES YOU INTEND TO USE**

Agronomy (Fertilizer, Chemicals, Seed)       Convenience/Country Stores  
 Grain      (check preferred location(s) of purchases)  
 Propane     Owned     Lease from Country Visions     Branch     De Pere     Manitowoc  
 Fuels (Diesel, Gasoline, Home Heat)     Mishicot     Reedsville     Valders  
 Request information on Budget Program     Sheboygan Falls

**MOST RECENT FUEL SUPPLIER** \_\_\_\_\_

PLEASE SIGN AND DATE BACK OF CREDIT APPLICATION

## Credit Agreement

I agree that the following terms will govern purchases made or authorized by me that are charged to any account I may have with Country Visions Cooperative Inc.

1. A completed application approved by the credit department is required before charges can be made to open account.
2. The cooperative is authorized to investigate my credit record in its review and approval process.
3. Terms of Payment: Purchases made during one month are due in full on or before the 25<sup>th</sup> day of the month following purchase.
4. A FINANCE CHARGE OF 1.5% (18% APR) will be applied to that part of the balance resulting from purchases made during a calendar month, but not paid before the 25th day of the following month plus any previous unpaid balance.
5. A past due balance may prohibit any further charges on the account. Country Visions reserves the right to stop credit sales immediately for adverse experience with the customer. Patrons with balances over 60 days past due may be placed on a CASH ONLY basis.
6. Payments received will be applied to the oldest balance first, including finance charges, unless otherwise stipulated.
7. In the event Country Visions Cooperative initiates collection proceedings to collect the amount due on an open account, all costs of collection and reasonable attorneys' fees incurred in order to collect the amount due shall be added to the amount due and paid by the customer unless prohibited by law. This agreement applies to all unpaid charges incurred prior to the date of this agreement and all future charges.
8. A return check charge of thirty dollars (\$30.00) will be assessed against on NSF checks. A return EFT charge of thirty dollars (\$30.00) will be assessed on NSF Electronic Fund Transfers.

### FOR MARRIED WISCONSIN RESIDENT APPLYING FOR INDIVIDUAL ACCOUNT

9. Effective January 1986, the Wisconsin Marital Property Act governs the property rights of married persons in Wisconsin. Pursuant to Sec. 766.55 (2) (b), Wis. Stats, obligations incurred by a spouse in the interest of the marriage or the family under and open-end contract plan may be satisfied from all marital property of spouse, including the income of both spouses, and from the property of the incurring spouse that is not marital property.
10. No provisions of a marital property agreement, a unilateral statement under 766.59 Wis. Stats. or a court decree under Sec. 766.70 Wis Stats. adversely affects the interest of the undersigned creditor unless creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to said creditor incurred.

### IF A PARTNERSHIP OR CORPORATION OR BUSINESS PARTNERSHIP

11. I hereby agree to bind myself to pay you on demand and sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnify for such indebtedness to the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

### 1099 PATRONAGE NOTICE

I consent to take any qualified written notices of allocations of patronage refunds issued of Country Visions Cooperative, Inc. with respect to all patronage of the undersigned distributee with the association occurring during the current and all subsequent taxable years of the association, into account at their stated dollar amounts, for income tax purposes, in the year in which any such qualified written notices of allocations are received by the undersigned. If you purchases from Country Visions Cooperative Inc. are only for personal items for you or your family, you do not include this amount as part of your taxable income – you claim this refund as tax exempt dividends on your Federal Tax Return. If you are a farmer or businessman and use what you purchase from Country Visions Cooperative Inc as a deduction on your income tax return, then you must claim the patronage refund as taxable income on your Federal Tax Return.

**Signature of Applicant**

**Signature of Spouse or Other Obligor**

\* \_\_\_\_\_

\* \_\_\_\_\_

**Date\*** \_\_\_\_\_

**Date\*** \_\_\_\_\_