



CREDIT APPLICATION AND AGREEMENT

CONTACT INFORMATION

Name		Date business start (if applicable)	
Company name (if applicable)		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Personal	Credit Limit Requested
Phone			
How long at current address?			
Registered address City, State ZIP Code			
Email		Date of Birth	
Email Statement and Invoices	<input type="checkbox"/> Invoices <input type="checkbox"/> Statements	Social Security Number	

CREDIT INFORMATION

Employer		Bank name:	
Business address City, State ZIP Code		Primary business address City, State ZIP Code	
Phone		Phone	
Your job title		Account number	
How long employed?		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid on or before the 20th of the next month.
 - a. In the event payment is not prompt a monthly service charge of 1 ½% (18% APR) will be added to the unpaid balance until paid.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ProPoint Cooperative to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		<i>Internal Use Only</i> Approving Signature	
Name and Title		Approved Limit	
Date		Date	

Account Number _____



Farmers Union Oil Company of Bowman, Buffalo & Rhame
DBA ProPoint Cooperative

Patronage Consent Agreement

NAME AS SHOWN ON INCOME TAX RETURN		TAXPAYER ID NO., SSN OR EIN	
MAILING ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	MOBILE PHONE NUMBER	DATE OF BIRTH	
CHECK APPROPRIATE BOX: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other _____			

I hereby consent to include in my gross income, as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from **Farmers Union Oil Company of Bowman, Buffalo and Rhame DBA ProPoint Cooperative - PO Box 138 - Bowman, ND 58623**, with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. The consent shall be revocable by me at any time, if in writing.

CERTIFICATION: Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (OR I AM WAITING FOR A NUMBER TO BE ISSUED TO ME), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS: You must cross out item (2) above, if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2)

The Internal Revenue Service does not require your consent to any provision of this document, other than the certifications required to avoid backup withholding.

SIGNATURE	DATE
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PO Box 138 Bowman, ND 58623
701-523-3268

Local Charge Card Order Form

Local Charge Cards are linked to a specific ProPoint Cooperative local credit account. They can be used at all three of our convenience store locations; the Bowman Convenience Store, the Buffalo Convenience Store, and the Rhame Convenience Store.

Please note:

It is the responsibility of the company ordering the cards to assign and distribute cards to their employees. ProPoint Cooperative assumes no responsibility for lost, stolen or damaged cards. ProPoint Cooperative also assumes no responsibility for charges generated from lost, stolen or otherwise compromised cards.

Please provide the following information to request and receive your Local Charge Cards. If your card is lost or stolen please call 701-523-3268 immediately to have the card inactivated.

Company account number	
Name	
Address	
City, State, and Zip Code	
Number of cards	
Unit number or card number	

I acknowledge the request to order Local Charge Cards from ProPoint Cooperative. As a representative for the above named individual or company, I acknowledge that it is my company's responsibility for lost or stolen cards; I also acknowledge that ProPoint Cooperative will not be responsible for charges generated from lost or stolen cards.

Representative Name (print)	
Representative Signature	
Phone/Email/Fax	

Return the completed form to ProPoint Cooperative
Email: accrec@propointcoop.com Fax: 701-523-3268



CREDIT POLICY

ALL PREVIOUS CREDIT POLICIES, EITHER STATED OR IMPLIED, HAVE NOW BEEN RESCINDED AND ARE VOID.

- Anyone applying for credit at Farmers Union Oil Company must complete a credit application and must meet our credit policy requirement.
- All approved accounts will be on a 30-day basis, due and payable on or before the 20th of each month.
 - o All accounts will be reviewed, and credit limits set or adjusted by the CEO/General Manager. Credit privileges are subject to suspension or termination at any time.
 - o At any time, a credit balance exceeds the credit limit set for that account, the account will be placed on a **CASH ONLY** basis until the balance is less than the credit limit.
 - o Any account past **60 days** old shall be treated as **CASH ONLY** and will be strictly enforced by management.
 - o Any account past **90 days** old will result in an Agricultural Supplier's Lien being filed with the appropriate state agencies, the account turned over for collection, or both.
 - o Any account not paid by the 20th of the month will be considered past due and assessed a late payment charge of **1.75% per month** until paid. A minimum service charge of \$10.00 per month will be assessed to all past due accounts.
 - o Payments made on credit account balances should be made by cash or check. If a payment on a credit account balance is made with a credit card, a convenience fee of 3.00% of the amount being paid will be assessed.
- **Propane and Refined Fuel Customer**
 - o Farmers Union Oil Company will not be held responsible for the scheduled deliveries on propane accounts if the account is past due or over the credit limit assigned to the account.
 - o Cash accounts must pay for the deliveries in full prior to delivery.
 - o Fuel assistance customers without a credit account must have their portion paid in full prior to delivery.

Approved by the Board of Directors & the CEO/General Manager on September 4th, 2020.