

(Whatcom Farmers Use Only)



Phone: 360-354-2108 Fax: 360-354-3936
Propane Phone: 360-354-4595 Fax: 360-354-5661

Please Check here for
Cash only account

Application For Credit

Account Number
\$
Credit Limit
Date Approved

COMPLETE AS AN INDIVIDUAL OR ENTITY

APPLICANT / JOINT APPLICANT					
PRIMARY APPLICANT/OWNER/GUARANTOR - First, Middle Initial & Last			Birth Date	Social Security Number	
JOINT APPLICANT/CO-OWNER/GUARANTOR - First, Middle Initial & Last			Birth Date	Social Security Number	
Mailing Address		Billing	City	State	Zip
		Delivery			
Street Address (If Different Than Mailing Address)		Billing	City	State	Zip
		Delivery			
Main Phone #	Cell Phone #	E-Mail		Bank Institution And Branch	
# Years At This Address	Own Rent Other	Please <input checked="" type="checkbox"/> all that apply <input type="checkbox"/> Fertilizer <input type="checkbox"/> Propane		<input type="checkbox"/> Convenience Stores <input type="checkbox"/> Home Del Petroleum <input type="checkbox"/> Country Stores	Amount of Credit Requested
Present Employer - Primary Applicant		Position/Title	Yrs	Phone #	
Present Employer - Joint Applicant		Position/Title	Yrs	Phone #	
Personal Reference:		Phone #:		Relationship:	

Do you desire a Gas Card? Are you interested in electronic statements?

BUSINESS APPLICANT					
Name of Entity and dba, if applicable				Federal ID No or SS #	
Type of Business				Date Started	
Address of Headquarters			City	State	Zip
Main Phone #		Cell Phone #		E-mail Address:	
<input checked="" type="checkbox"/> Type	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation State:	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC State:	<input type="checkbox"/> Other Specify:
Name of officers of corporation, other partners, or members of LLC					
If in business less than 3 years, prior names of businesses owned or operated by Applicant					
Authorized Agent Name (In Addition to Applicant)			Title	Amount of Credit Requested	

CREDIT REFERENCES		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

(FOR OFFICE USE ONLY)

NOTES:	Approved	Notice	Triad

****Please Read, Complete and Sign the Reverse Side****

CREDIT TERMS

1. All accounts will be billed daily.
2. Payments on all accounts are due in full by the end of the month following the purchase.
3. Statements not paid on or before the end of the month will be considered PAST DUE. Credit privileges may be suspended at that time by discretion of the General Manager.
4. Monthly statements not paid on or before the 30th of the month will be assessed a service charge of 1.5% per month or 18% per year. The account will then be placed on C.O.D unless prior arrangements are made and approved by the General Manager.
5. Any action required to collect past due accounts will be referred to and initiated by our attorney or collection agency.
6. It is the intent of Whatcom Farmers Co-Op to extend credit to its patrons ONLY for the convenience of paying for their products once per month.
7. Since a substantial amount of money is required by this company to offer this convenience, it is only fair to expect strict adherence to this policy by all persons concerned.

Sincerely,

*Whatcom Farmers Co-Op
Board of Directors*

I agree to pay my account with Whatcom Farmers Co-Op according to their terms and further agree to pay a late payment charge on any past due balance. I authorize my bank or other creditors to release any credit information Whatcom Farmers Co-Op may request. If this account is placed with a collection agency or attorney the undersigned agrees to pay all collection costs including attorney fees and covert costs.

Applicant	Joint Applicant	
Signature: _____	Signature: _____	Date: _____
Business Applicant		
Signature: _____	Title: _____	Date: _____

MEMBERSHIP APPLICATION (SUBSTITUTE W-9)

I / We the undersigned hereby apply for membership in Whatcom Farmers Co-Op, agree to patronize Whatcom Farmers on a cooperative basis and to abide by its articles of incorporation and bylaws now or hereafter in effect as a producer-member or an associate member.

I / We agree to accept any tax liability as a result of patronage dividends that may occur. Under penalties of perjury, I / We certify that:

1. The number(s) shown on this application is (are) the correct taxpayer identification number(s) and
2. I / We am/are not subject to backup withholding and
3. I / We am/are a U.S person or entity (including a U.S. resident alien.)

Applicant	Joint Applicant	
Signature: _____	Signature: _____	Date: _____
Business Applicant		
Signature: _____	Title: _____	Date: _____

AUTHORIZATION TO CHARGE ON ACCOUNT

Please List all people that are allowed to charge on your account including yourself:

Applicant	Joint Applicant	
Signature: _____	Signature: _____	Date: _____
Business Applicant		
Signature: _____	Title: _____	Date: _____