

PO Box 459
Stanley, ND 58784-0459
701-628-2322
FAX 701-628-3404



PO Box 610
Tioga, ND 58852-0610
701-664-4020
FAX 701-664-4025

PERSONAL CREDIT APPLICATION

First Applicant:

Name: _____ Soc. Sec. # _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Marital Status: _____

Employment:

Employer: _____ Job Title: _____

Business Address: _____ Monthly Salary: _____

Length of Employment: _____ Business Phone: _____

Co-applicant: (If this is to be a joint account)

Name: _____ Soc. Sec. # _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Marital Status: _____

Employment:

Employer: _____ Job Title: _____

Business Address: _____ Monthly Salary: _____

Length of Employment: _____ Business Phone: _____

Requested Credit Limit: \$ _____ Number of Cardrol Cards Needed: _____

CREDIT TERMS

1. All accounts owed to Pinnacle (Company) are due for payment not later than the 20th of the following month. If payment is not received on or before the last business day of the month, the account will be considered past-due. All past due balances are assessed a late charge of one and one-half percent (1.5%) per month of the delinquent amount owed for each thirty (30) day period, or any portion thereof, in which the amount is past-due. Credit may be terminated by the Company for any reason at any time. Credit is granted in reliance upon representation made by the Applicant in this application.
2. If legal action is commenced to collect any amount owing by the Applicant, the Company shall be entitled to recover from the Applicant its reasonable attorney fees, together with all related court costs, expenses, and disbursements at trial and appeal. The laws of the State of North Dakota will control all legal proceedings. Except as the Company otherwise may specify, all legal actions shall be brought in the District or Circuit courts of the State of North Dakota, County of Mountrail. Such courts shall have jurisdiction over the parties, all guarantors, and all issues brought before such courts.

3. The signature by the Applicant or the Applicant's representative on any invoice purchase order, or other document associated with any purchase from the Company, or the signature of any independent contractors representing the Applicant, is presumed to establish the Applicant's acceptance of the terms and conditions of this Application without exception.

The Applicant (and Co-applicant, if applicable) acknowledges that he or she has read and accepts the above terms, and authorizes the Company to investigate any sources and information listed on this Application, as well as electronic credit reports as Company may deem necessary, now and in the future.

Applicant 1 Signature: _____ Date: _____

Printed Name: _____

Co-applicant Signature: _____ Date: _____

Printed Name: _____

STATEMENTS ARE AVAILABLE BY EMAIL. If you choose this option, you will be paying off your statement, as we will not be sending copies of your invoices by email or through the postal service. Your invoices will be available for you to pick up at our Stanley office for 60 days following the statement. **Please indicate your preference below.**

_____ Please send my statement only to my billing address via the US Postal Service.

_____ Please send my statement and invoices to my billing address via the US Postal Service.

_____ Please send my statement via email, to the email address provided below. I understand I will NOT be receiving my invoices by email, but I may pick them up at the Stanley office for 60 days following the statement.

Email address (please print neatly for accuracy): _____

Return completed application to Stanley Office:

Address: PO Box 459, Stanley, ND 58784

Fax number: 701-628-3404

Email: cashburn@pinnaclelend.com

Fill out page 3 in its entirety to receive patronage benefits.



To comply with Federal laws in reporting 1099 patronage dividends, we must also report the Social Security numbers (or Tax I.D. numbers) of all patrons receiving dividends. If this is **not** reported, the Internal Revenue Service will now assess your cooperative a \$50 penalty for each patron for not having a Social Security Number or Federal Identification Number.

To comply with Federal law and avoid a \$50 penalty from the IRS, we must have this form **filled** out in full, and signed and dated. Leaving this form blank, incomplete, or unsigned will result in this account not receiving patronage dividends.

Your cooperative refunds need to be included as income on your tax return only if you deduct the cooperative purchases as a business expense.

INDIVIDUAL CONSENT AND CERTIFICATION OF TAXPAYER I.D. NUMBER

Name as shown on account _____			(Taxpayer ID No., SSN or EIN) _____	
Mailing Address _____			Telephone Number _____	
City _____	State _____	Zip Code _____	Birth Date ____/____/____	

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:

with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This 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 underreporting 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 certification required to avoid backup withholding.

Signature _____ Date _____



CREDIT POLICY OF  **Pinnacle**
SERVING EXCELLENCE

THIS ATTACHMENT IS FYI, AND SHOULD NOT BE RETURNED WITH THE APPLICATION.

1. All purchases will be cash or credit card unless credit approval has been made with the Management.
2. Before receiving convenience credit, applicant must complete our credit application, and meet our credit requirements. We may require a letter of credit or a cash advance on the account. Personal accounts will be based on the applicant's credit score on Equifax.
3. Management will determine the dollar amount of credit given to any individual or company.
4. Open account patrons will be billed monthly, and statements will be mailed the first week of the following month.
5. All open accounts will be due and payable in full upon receipt of the statement.
6. All full or partial ROAs paid by credit card will be subject to a processing fee equal to the credit card charges to our company.
7. A finance charge of 1.5% per month, or an annual percentage rate of 18%, will be charged on any amount over 30 days old. A minimum finance charge of \$1.00 will be assessed on all past due accounts. **NO EXCEPTIONS.**
8. If payment is not received by the last day of the month in which the statement is received, credit on all products and services may be discontinued immediately, and denied until account is brought to current status, or other arrangements made with the Management.
9. Delinquent accounts that are over 90 days old may be turned over for collection, or be subject to judgments, liens or garnishments.
10. Open accounts that are continuously delinquent and past due 90 days will be put on a cash basis indefinitely.
11. The company will not be held responsible for regular scheduled deliveries (route fill) if the patron's account is past due.

12. All overdue accounts must be paid before the next delivery is made.
13. The minimum order for bulk deliveries is 100 gallons.
14. Cash customers must pay for deliveries in full at the office before delivery will be made, or have a credit card on file.
15. Fuel assistance customers must have their percentage paid in full at the office before deliveries will be made.
16. All agricultural purchases shall be subject to crop liens. Past due agricultural purchases will have liens placed on them.
17. All Agronomy purchases paid with credit cards will be subject to a processing fee equal to the credit card charges to the company.
18. A cash discount equivalent to the current co-op short-term borrower's rate will be applied on your average daily credit balance to the account for cash on advance, with a \$500.00 minimum, 15 days in advance of purchase, and will be limited to one year of purchases. Discount would not apply to special priced items such as transport loads of fuel, fertilizer, etc. Any change in the discount rate will appear on your statement.
19. Management reserves the right to request a financial statement and to place credit limitation on accounts based on previous experience or customer's ability to pay.
20. Management reserves the right to refuse or limit credit privileges to anyone, at any time, based on ability to pay, financial condition and previous experience, as we see fit.
21. Customers shall be liable for all costs of collection, including attorney, legal and/or processing fees that are charged in the collection of their past due account.
22. It is the **primary responsibility** of the business seeking credit to insist that their employees provide all information needed for invoice to be paid **at the time of sale**. This includes PO numbers, signatures, crew numbers AFE numbers, and locations, etc.

