Farmers Union Oil Company

PO Box 460 | 906 A Ave. | Circle, MT 59215
(406) 485-3475 | frank@fuoilcoop.com

Credit Policy

Terms & Conditions

1. Credit will be allowed to those accounts who have a good prior credit record with this Company and to new accounts with an approved credit application.
2. The dollar amount of credit given to any individual or company will be determined by management. All credit decisions are final.
3. The closing date of the billing cycle will be after the last day's business each month. Statements will be sent.
4. All accounts must be paid in full by the 15th of each month following purchases. We would appreciate the payment sooner, if possible.
5. A monthly finance charge of 2% (24% annual percentage rate) will be imposed on all delinquent accounts. Minimum service charge is $0.50 per month.
6. A cash discount may be applied on certain commodities as determined by management.
    a. The cash discount given to any individual or company using cash for payment will be determined by management.
    b. Cash discount applies only when paid by cash, personal check with sufficient funds, certified check or money order within the time allowed, or electronic funds transfer.
7. Company will not be responsible for regular scheduled delivery agreements on accounts that are past due.
8. Past due accounts will be turned over to a collection agency, or a lien will be filed, if applicable, at the discretion of the manager. The lien will attach to crops for all applicable goods utilized in the production of crops. The costs of collection or lien filing will be billed directly against the account and to the account holder.
9. On any past due account, the company is authorized to apply any accounts payables of the individual or any entity in which the individual holds an interest to the balance due on the past due account.
10. Anyone who has previously had a delinquent account with Farmers Union Oil Company of Circle will not be eligible for credit. A person with previous delinquent credit may be excluded from membership and receipt of patronage at the discretion of the Board.
11. To the extent allowed by applicable law, all individuals possessing a credit account hereby grant to the company a security interest in, and have assigned, conveyed, pledged and transferred to the company all of the applicant's right and interest in and to any and all accounts with the company (whether in the form of deposit, earnest money or some other accounts), including without limitation all accounts held jointly with someone else and all future accounts opened with the company. Applicants authorize the company, to the extent permitted by applicable law, to charge and set off all sums due and owing on any account with the company.
12. A convenience fee of 3% will be imposed on all payments made by credit card or Farm Plan on the monthly account. Credit cards used to prepay or pay accounts within ten days of purchase are taken at par and not eligible for cash discounts.
13. By accepting credit from Farmers Union Oil Company of Circle, you’re hereby agreeing to all the terms and conditions contained within this Credit Policy.
14. If suit is instituted to collect a balance due, all reasonable attorney fees and costs incurred in collection of the balance due to Farmers Union Oil Company of Circle shall be paid by the account holder.

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Your Safety Responsibilities — Propane

You have received the Important Propane Safety Information. You understand that the odor of ethyl mercaptan can fade in certain circumstances, as described in the Important Propane Safety Information. You must also read all safety warnings and operating instructions provided by us or anyone else in connection with the use of Propane or provided with any equipment or appliances ("Instructions and Warnings"). If you do not understand the Important Propane Safety Information or the Instructions and Warnings, you should call us at the office number listed above. You agree to follow all instructions in the Important Propane Safety Information and the Instructions and Warnings. You must make all employees, tenants, or other residents aware of the Important Propane Safety Information and the Instructions and Warnings and train any employee or resident who uses Propane to use it in accordance with the Important Propane Safety Information and the Instructions and Warnings.

YOU AGREE THAT IN THE EVENT YOU OR ANY EMPLOYEE, TENANT, OR OTHER RESIDENT DOES NOT FOLLOW THE IMPORTANT PROPANE SAFETY INFORMATION AND THE INSTRUCTIONS AND WARNINGS, WE WILL NOT BE RESPONSIBLE FOR ANY DAMAGES THAT MAY RESULT OR OCCUR, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE.

It is your duty to inform us about all work of any nature on any part of your System and/or related appliances, including but not limited to repair, removal, installation, adjustment, modification, maintenance, and/or service of any part of the System and/or related appliances.

Individual Credit Application and Agreement

Please print or type — all fields required unless noted

Personal Information

Date:

Consumer's Full Name:

Current Address (Street, City, State, Zip):

PO Box (if applicable):

Email:

Telephone Number:

Fax:

Years at Current Address:

Date of Birth:

Social Security Number:

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Previous Address (Street, City, State, Zip):

Spouse's Information

Spouse's Full Name:

Date of Birth:

Social Security Number:

Spouse's Present Employer:

Years There:

Position or Title:

Telephone Number:

Employer's Address (Street, City, State, Zip):

Spouse's Previous Employer:

Telephone Number:

Position or Title:

Previous Employer's Address (Street, City, State, Zip):

Account Type

Check appropriate option:

Individual account (my name only)	☐	Joint account (list additional name(s) below)	☐

If joint account — additional account holder name(s):

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What types of products and/or services do you expect to charge on this account? (e.g. fuel, LP gas, gasoline, tires, merchandise, etc.)

Estimated Monthly Charges: $

References

Credit References

Provide Name, Address, Phone, Fax, Email for each reference. Please do not list relatives.

Credit Reference 1:

Name: Address:

Phone: Fax: Email:

Credit Reference 2:

Name: Address:

Phone: Fax: Email:

Credit Reference 3:

Name: Address:

Phone: Fax: Email:

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Bank References

Bank Reference 1:

Name of Bank: Address:

Phone: Account Number: Account Officer:

Bank Reference 2:

Name of Bank: Address:

Phone: Account Number: Account Officer:

Agreement

I herein make application to Farmers Union Oil Company of Circle for credit. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. If credit is granted, I promise to pay all bills when rendered. If credit is granted, I hereby agree to all the terms and conditions of Farmers Union Oil Company of Circle's Credit Policy. If suit of action is instituted by an attorney, I promise to pay all reasonable attorney fees in said suit of action. The undersigned shall not transfer or assign this agreement without the prior written consent of Farmers Union Oil Company of Circle and/or its Agents to verify or supplement the information stated hereon this Credit Application. I give my permission for all companies and banks to release my credit history to assist you in determining whether and/or how much credit may be extended to me by Farmers Union Oil Company of Circle. I further authorize all credit reporting agencies, employers, credit and banking references to release all pertinent information about me. I have read and understand 'My Safety Responsibilities' on page 2 of the credit policy.

Applicant's Signature: Date:

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Individual Consent & Substitute Federal Form W-9

***THIS MUST BE FILLED OUT TO RECEIVE FUTURE PATRONAGE.**

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 Co. with respect to my Patronage occurring during the current year and all subsequent years of this Cooperative. This individual consent shall be revocable by me at any time, if in writing.

Check this box if you have been notified by the I.R.S. that you are subject to backup withholdings: □

Name as Shown on Account:	Personal Social Security Number:	
Mailing Address:	Federal Identification Number:	
City:	State:	Zip:
Birth Date:	Telephone Number:	
Email Address:		

CERTIFICATION: UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

X (Signature):	Date: