



PO Box 668, Minot ND 58702

CUSTOMER APPLICATION FOR A CHARGE ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Primary contact:

Phone:

Fax:

E-mail:

Primary company address:

City:

State:

Zip Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

FEIN or SS#:

Credit Limit Requested:

BILLING INSTRUCTIONS

Accounts payable contact:

Phone:

Fax:

E-mail:

Billing Address (if different from above):

City:

State:

Zip Code:

Preferred billing method:

US mail:

Email:

Both:

AGREEMENT

1. All invoices are to be paid "due on receipt" unless other terms are agreed upon by the owner and the customer. A 1.5% monthly finance charge (18% APR, \$5.00 minimum) will be assessed on balances more than 30 days from due date.
2. All invoices if not paid by 40th day from date of invoice will have a supplier lien assessed with the State of North Dakota
3. Claims arising from invoices must be made within seven working days.
4. The undersigned agrees to pay all amounts due plus any collection costs and attorney fees incurred.
5. By submitting this application, you authorize Farmers Choice LLC to make inquiries into the banking and business/trade references that you have supplied.

PERSONAL GUARANTEE

The Undersigned, in consideration for granting credit to the applicant as Farmers Choice LLC must:

1. Agree to the above terms and conditions
2. Personally, affirms that all of the above information is true, correct, and complete
3. Agrees to assume personal liability and responsibility for payment of the corporation's account and personally guarantees payment of any monies to become due according to the above terms and conditions

Signature:

Name:

Date:

Address:

SIGNATURES

Signature

Title:

Date:

Signature

Title:

Date: