



# CHS Mountain West Co-op

## CONFIDENTIAL PERSONAL CREDIT APPLICATION

4570 North Reserve Street, Missoula, MT 59808  
 PO Box 579, Kalispell, MT 59903

Phone: 406.543.8383  
 Phone: 406.755.7400

[www.chsmountainwest.com](http://www.chsmountainwest.com)

**Locations at Missoula, Kalispell, Ronan, Stevensville, & Drummond**

PERSONAL INFORMATION: APPLICANT									
Name: <span style="float: right;">FIRST</span> <span style="float: right;">MIDDLE</span> <span style="float: right;">LAST</span>			E-Mail Address:						
Mailing Address:		Date of Birth:							
Physical Address:		Social Security No:							
City:	State/Zip:	Marital Status:							
Telephone No:	Cell Phone No:	No. of Dependents:							
Present Employer:		Position:	How Long?						
Address:									
City:	State/Zip:	Telephone No.:							
Previous Employer:		Position:	How Long?						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 20%;">Address</th> <th style="width: 20%;">Phone</th> </tr> </thead> <tbody> <tr> <td colspan="3">Nearest Relative not living with you:</td> </tr> </tbody> </table>				Name	Address	Phone	Nearest Relative not living with you:		
Name	Address	Phone							
Nearest Relative not living with you:									

PERSONAL INFORMATION: CO-APPLICANT			
Name: <span style="float: right;">FIRST</span> <span style="float: right;">MIDDLE</span> <span style="float: right;">LAST</span>			
Mailing Address:		Date of Birth:	
Physical Address:		Social Security No:	
City:	State/Zip:	Marital Status:	
Telephone No:	Cell Phone No:	No. of Dependents:	
Present Employer:		Position:	How Long?
Address:			
City:	State/Zip:	Telephone No.:	
Previous Employer:		Position:	How Long?

<b>Services Requested (Please check all that apply):</b>	Propane	Agronomy	Fuel
<b>Credit Limit Requested:</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Heating Fuel	Farm Supplies
		Cardrol Cards	

If Cardrol is requested: No. of Cards: \_\_\_\_\_ Card Input Requirements: Odometer Reading Y N Vehicle Number: Y N

*Authorized Signature Only account restrictions available. Please request a form if you are interested.*

Bank References:			
<b>Type of Account:</b>	<b>Bank Name:</b>	<b>Address:</b>	<b>Account Number:</b>
Checking Account			
Savings Account			

*By signature herein, Applicant(s) authorized the release of all Bank & Trade information to CHS Inc.*

Terms & Conditions:
<p>Unless otherwise agreed to in writing, all accounts are due &amp; payable in full on the 20th of each month for the prior month's purchases. I(we) understand that if any portion of the balance remains unpaid after the due date, I(we) may be placed on a cash basis until that amount is paid. I(we) understand that a <b>Late Payment Fee of 1.50%</b> (18% APR) will be assessed on any past due balance (minimum charge of \$0.50). Payments shall be applied first to any unpaid Late Payment Fees, then to the remaining outstanding balance due. In the event that collection proceedings must be instituted to collect any balance due, I(we) understand that I(we) may be subject to, and agree to be liable for, additional collection agency fees, court costs, and/or attorney fees. All parties to this Application agree to be bound by the terms of this Agreement, and each agree to be jointly and severally liable for payment of all purchases made under this Agreement. CHS Mountain West Co-op shall have the right to limit or terminate this Agreement, as well as the resulting open account at any time, but such termination shall not affect my(our) obligation to pay any outstanding balance on the account. CHS Mountain West Co-op may, at its option, declare the entire outstanding balance immediately due and payable.</p>

I(we) state that all information contained herein is correct to the best of our knowledge, and hereby consent and agree to, and authorize, the use of a Credit Report at any time to evaluate credit worthiness. I(we) authorize all trade & banking institutions listed above to release requested credit information to CHS Mountain West Co-op as part of this Application. Application. I(we) understand that CHS Mountain West Co-op will retain this Application whether or not it is approved. This Application does not create an obligation for CHS Mountain West Co-op to supply services to us.

Signature of Applicant(s):	Printed Name	Date