



APPLICATION FOR CREDIT

CHS Inc.

MISSOULA: 4570 Reserve Street | Missoula, MT 59808 KALISPELL: PO Box 579, Kalispell MT 59903
MISSOULA: (406) 543-8383 | Fax 406-549-5195 KALISPELL: (406) 755-7400 | Fax 406-755-7478

For Office Use Only

Patron # _____

Credit Limit \$ _____

Approval _____

Date _____

Sub location _____

PRODUCTS PLANNING TO PURCHASE:

Feed Petroleum LP Gas Seed Agronomy 4-H Other: _____

CREDIT NEEDED: \$ _____

REQUESTING ACCOUNT TO BE SET UP AS:

Business Primary with Guarantor Individual Primary with Business Secondary Individual only

Cardrol Card Needed: Yes ___ Number: ___

INDIVIDUAL: (As recorded with IRS)

Last Name:	First Name:	Middle Initial:	Social Security Number:	Date of Birth:
Address:		City:	State:	Zip Code:
Physical Address:		Cell Phone / Fax Number:		Email Address:
Home Phone Number:				
Previous Address:	City:	State:	Zip Code:	

BUSINESS: (As recorded with IRS)

Legal Name:	Contact Person:		
Physical Address / PO Box:	City: State: Zip Code:		
Business Phone:	Fax Number: Email Address:		
Federal Tax ID Number:	Tax Exempt Number:	Type of Business:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Corporation - Date of Inc: _____ State of Inc: _____	

AUTHORIZED SIGNER:

If you are applying as a business, are you an authorized signer? No Yes

Please Print Name: _____ Title: _____

BANK REFERENCES:

Operating Line: <input type="checkbox"/> No <input type="checkbox"/> Yes	Bank Name:	Contact Person:	Location: (City/State)	Phone Number:	Fax Number:
Checking/Saving: <input type="checkbox"/> No <input type="checkbox"/> Yes	Bank Name:	Contact Person:	Location: (City/State)	Phone Number:	Fax Number:

CREDIT / TRADE REFERENCES:

Name:	Account Number:	Location:	Phone Number:	Fax Number:
Name:	Account Number:	Location:	Phone Number:	Fax Number:

CO-APPLICANT: (If Applicable)

Last Name:	First Name:	Middle Initial:	Social Security Number:	Date of Birth:
Address:		City:	State:	Zip Code:
Home Phone Number:	Cell Phone / Fax Number:	Relationship to Applicant:		
Bank Reference: Operating / Checking	Bank Name:	Contact Person:	Location: (City/State)	Phone Number: Fax Number:

GUARANTOR: (For Business Applicants)

Last Name:	First Name:	Middle Initial:	Social Security Number:	Date of Birth:
Address:		City:	State:	Zip Code:
Home Phone Number:	Cell Phone / Fax Number:	Relationship to Applicant:		
Bank Reference: Operating / Checking	Bank Name:	Contact Person:	Location: (City/State)	Phone Number: Fax Number:

EACH OF THE UNDERSIGNED HEREBY GUARANTEES FULL PAYMENT OF ALL PRESENT AND FUTURE INDEBTEDNESS OF THE APPLICANT. THIS GUARANTEE IS OPEN AND CONTINUOUS AND IS GIVEN TO INDUCE CHS TO EXTEND CREDIT TO THE APPLICANT(S). THIS PERSONAL GUARANTEE SHALL REMAIN EFFECTIVE UNTIL REVOKED BY THE UNDERSIGNED BY NOTICE IN WRITING TO CHS. HOWEVER, SUCH A REVOCATION SHALL BE EFFECTIVE ONLY TO AMOUNTS DUE WHICH ARISE OUT OF NEW CONTRACTS OR TRANSACTIONS ENTERED INTO MORE THAN 30 DAYS AFTER RECEIPT OF NOTICE BY CHS. SUCH NOTICE MUST BE GIVEN BY CERTIFIED MAIL TO CHS. AT ANY TIME CHS MAY, WITHOUT NOTICE, EXTEND CREDIT TO APPLICANT OR MODIFY, RENEW, EXTEND, OR COMPROMISE ANY INDEBTEDNESS TAKE, SUBORDINATE, OR RELEASE ANY SECURITY INTERESTS; RELEASE APPLICANT OR ANY OTHER GUARANTOR FROM ANY LIABILITY FOR INDEBTEDNESS AND OTHERWISE DEAL WITH APPLICANT AND OTHER GUARANTORS IN ANY MANNER DEEMED FIT, WITHOUT WAIVING THE EFFECTIVENESS OF THIS PERSONAL GUARANTY. EACH GUARANTOR WAIVES PRESENTMENT, DEMAND, PROTESTS, AND NOTICE OF ANY KIND. IF THERE IS MORE THAN ONE GUARANTOR, THE OBLIGATIONS ARE JOINT AND SEVERAL. CHS MAY BRING A SEPARATE ACTION AGAINST ANY GUARANTOR WITHOUT FIRST PROCEEDING AGAINST THE APPLICANT, OR ANY OTHER PERSON OR SECURITY, AND WITHOUT PURSUING ANY OTHER REMEDY. IN ANY PROCEEDING TO INTERPRET OR ENFORCE THIS PERSONAL GUARANTEE, CHS SHALL BE ENTITLED TO RECOVER ALL OF ITS COSTS AND ATTORNEY FEES FROM ANY PERSONAL GUARANTOR. ALL NOTICES REGARDING THIS PERSONAL GUARANTEE MUST BE SENT TO CHS AT 5500 CENEX DRIVE, ATTN MS 140, INVER GROVE HEIGHTS, MN 55077.

YOU FURTHER ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT INCLUDED ON PAGE TWO OF THIS APPLICATION. YOU AUTHORIZE US TO CONTACT REFERENCES AND OBTAIN FINANCIAL INFORMATION, INCLUDING BUT NOT LIMITED TO A CREDIT REPORT ON APPLICANT, NOW AND IN THE FUTURE AS WE DEEM NECESSARY. YOU UNDERSTAND THAT WE WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED.

IF APPLICANT IS AN ENTITY, APPLICANT REPRESENTS AND WARRANTS THAT THE APPLICANT: (1) IS DULY ORGANIZED, VALIDLY EXISTING AND IN GOOD STANDING UNDER THE LAWS OF THE APPLICABLE JURISDICTION; (2) IS DULY QUALIFIED TO DO BUSINESS IN SAID JURISDICTION; AND (3) HAS THE FULL RIGHT, ORGANIZATIONAL POWER AND AUTHORITY TO MAKE THIS APPLICATION AND PERFORM ITS OBLIGATIONS HEREUNDER. BY SIGNING BELOW, THE UNDERSIGNED ATTESTS THAT HE OR SHE IS DULY AUTHORIZED TO SIGN THIS APPLICATION AND OTHER DOCUMENTS OR INSTRUMENTS IN CONNECTION THEREWITH ON BEHALF OF THE APPLICANT.

Individual Signature	Business Signature	Title	Co-Applicant Signature	Guarantor Signature
Date	Date		Date	Date