

# Town & Country SUPPLY ASSOCIATION

P.O. BOX 367 LAUREL, MT 59044  
(406) 628-6314 FAX (406) 628-7895

## APPLICATION FOR CREDIT & MEMBERSHIP WITH SUBSTITUTE FORM W-9 INFORMATION

|   |
|---|
| ACCOUNT NUMBER  |
| \$<br>CREDIT LIMIT  |
| DATE APPROVED<br><small>(Town &amp; Country Use Only)</small> |

|   |
|---|
| ACCOUNT NUMBER  |
| MEMBER STATUS   |
| DATE APPROVED<br><small>(Town &amp; Country Use Only)</small> |

|  |     |    |
|--|-----|----|
| <input checked="" type="checkbox"/> IS THIS FOR A PROPANE ACCOUNT? | YES | NO |
|--|-----|----|

**APPLICANT/ JOINT APPLICANT – If not living together submit separate application**

|   |                      |   |                        |  |
|---|----------------------|---|------------------------|--|
| PRIMARY APPLICANT/OWNER/GUARANTOR - First Middle Initial & Last Name  |                      | Birth Date                                    | Social Security Number |  |
| JOINT APPLICANT/CO-OWNER/GUARANTOR - First Middle Initial & Last Name |                      | Birth Date                                    | Social Security Number |  |
| Mailing Address   |                      | City  | State                  | Zip  |
| Delivery Address (if different than mailing address)                  |                      | City  | State                  | Zip  |
| # Years At This Address   | Own<br>Rent<br>Other | Monthly Mortgage,<br>Rent or Lease<br>Payment | \$                     | Other income, if alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. |
| Present Employer – Primary Applicant                                  |                      | Position/Title                                | Yrs.                   | Gross Monthly Salary   |
|   |                      |   |                        | \$   |
| Present Employer – Joint Applicant                                    |                      | Position/Title                                | Yrs.                   | Gross Monthly Salary   |
|   |                      |   |                        | \$   |
| Main Phone #  | Cell Phone #         | E-Mail  |                        | Bank Institution And Branch  |

**BU SINESS APPLICANTS**

|  |  |  |                                      |                                      |
|--|--|--|--------------------------------------|--------------------------------------|
| Name Of Entity and dba, if applicable  |  |  | Federal ID No or Social Security No  |                                      |
| Type Of Business   | Date Started                             | If Ag Bus - Crops & Acres Farmed             | Annual Gross Income                  | Annual Net Income                    |
|  |  |  | \$                                   | \$                                   |
| Address Of Headquarters  |  | City   | State                                | Zip                                  |
| Main Phone #   | Cell Phone #                             | E-Mail                                       |                                      | Bank Institution And Branch          |
| Type <input checked="" type="checkbox"/>   | Sole Proprietor <input type="checkbox"/> | Corporation (state) <input type="checkbox"/> | Partnership <input type="checkbox"/> | LLC (state) <input type="checkbox"/> |
| Other (specify) <input type="checkbox"/>   |  |  |                                      |                                      |
| Names of officers of corporation, other partners, or members of LLC                        |  |  |                                      |                                      |
| If in business less than 3 years, prior names of businesses owned or operated by Applicant |  |  |                                      |                                      |
| Authorized Agent Name (In Addition to Applicant)   |  | Title  | Amount of Credit Requested           |                                      |

**CR EDIT R EFERENC ES – REQUIRED FOR BUSINESS APPLICANTS ONLY**

|      |         |       |
|------|---------|-------|
| Name | Address | Phone |
| Name | Address | Phone |
| Name | Address | Phone |

Do you desire a Gas Card? \_\_\_\_\_ What name(s) should be authorized on the Card? \_\_\_\_\_

RETAIN A COPY OF THIS APPLICATION. IT CONTAINS THE TERMS AND CONDITIONS THAT WILL GOVERN THE RIGHTS OF THE PARTIES.

**Please Read, Complete and Sign the Reverse Side**

## TERMS AND CONDITIONS OF CREDIT RELATIONSHIP

Applicant agrees that any extension of credit is subject to the terms and conditions set forth herein and in invoices issued to Applicant. No other terms and conditions shall become part of any sales agreement, purchase order, or other transaction, unless set forth in writing and signed by both parties. If Town and Country Supply Association ("TCSA") agrees to extend credit, all decisions regarding the granting or continuation of credit are at the sole discretion of TCSA and may be terminated at any time. Applicant hereby authorizes TCSA to contact credit reporting services and other third parties to determine Applicant's creditworthiness and authorizes the release of credit information from those entities to TCSA. TCSA assumes Applicant is solvent. Continued solvency is a precondition to any sale made by TCSA. Applicant agrees to update this Application and provide financial statements upon request, and further agrees that, if there any outstanding balances currently owing, those obligations shall also be governed by this Agreement.

Applicant hereby agrees that, if credit is granted to Applicant, members of Applicant's family, or persons in the employ or agents of Applicant, Applicant will pay all charges made on Applicant's account. In the event of a lost or stolen card, charge customers are responsible for all transactions made prior to notifying TCSA at 406-628-6314 of the loss. Acceptance of goods, without notification to TCSA of dispute or defect, shall be deemed an admission of liability for the amounts referenced in the invoice. Charges made during the month are billed on the last business day of that month and statements are mailed as soon thereafter as they can be processed. Statement balances are due and payable in full by the last day of the month in which they are mailed. If there are any parts of the bill that you believe are wrong or you need more information about a transaction you must send your inquiry in writing to TCSA within 30 days after the bill was mailed to you. Any unpaid balance owed from the previous billing cycle may be subject to a Finance Charge as set forth below. TCSA reserves the right to change these charges. Payment received may be applied against open charges at the discretion of TCSA. All payments received or credits given may be applied first to any finance charges and the remainder to the principal balance due. Applicant agrees to be responsible for all collection costs and attorneys' fees incurred by TCSA in connection with any delinquent account. The laws of the State of Montana shall be applicable to any action arising out of this Application. The parties agree that Yellowstone County is the appropriate venue for such an action.

|   |   |
|---|---|
| ANNUAL PERCENTAGE RATE                                  | 18.0%   |
| METHOD OF COMPUTING BALANCE FOR CHARGING FINANCE CHARGE | ANY UNPAID BALANCE OWED AT THE END OF THE PREVIOUS BILLING CYCLE. |
| MINIMUM FINANCE CHARGE                                  | \$0.50  |

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington D.C. 20580. If credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact the Credit Division at TCSA at the above address within sixty (60) days from the date you were notified of the decision to deny credit. TCSA will send you a written statement of the reason(s) for denial within thirty (30) days of receiving your request.

By the signature below, Applicant states that it has read, understands, and agrees to the terms and conditions set forth herein and further certifies that all of the information contained in the Application and any attachments is true and correct to the best of their information, knowledge, and belief and further certifies that he/she is authorized to execute this Application on behalf of Applicant.

APPLICANT \_\_\_\_\_ JOINT APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS APPLICANT BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL GUARANTEE – FOR BUSINESS ENTITY APPLICANTS

For and in consideration of Town and Country Supply Association (TCSA) extending credit to the business named in this Application, the undersigned hereby unconditionally personally guarantees the payment of any and all obligations of the business to TCSA, including all interest, collection costs and attorneys' fees incurred by TCSA in enforcing its rights under this Agreement, and any and all unpaid indebtedness already extended to the business or its predecessors. This guarantee shall be a continuing and irrevocable guaranty and indemnity for all indebtedness of the business. I hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement or indebtedness hereby guaranteed.

NAME (PRINTED) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PRINTED) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

( TO BE ELIGIBLE FOR PATRONAGE DIVIDENDS APPLICANT MUST SIGN BELOW )

TO BE ELIGIBLE FOR PATRONAGE DIVIDENDS APPLICANT MUST SIGN BELOW)

### MEMBERSHIP APPLICATION (SUBSTITUTE W-9)

I/We the undersigned hereby apply for membership in Town and Country Supply Association, agree to patronize Town and Country Supply Association on a cooperative basis and to abide by its articles of incorporation and bylaws now or hereafter in effect as a producer-member or an associate-member. It is understood that producer-members must be elected to membership by the Board of Directors and to be eligible must be agricultural producers who receive the majority of their income from the production and sale of food or fiber. I/We agree to accept any tax liability as a result of patronage dividends that may occur. Under penalties of perjury, I/We certify that:

1. The number(s) shown on this application is(are) the correct taxpayer identification number(s) and
2. I/We am/are not subject to backup withholding and
3. I/We am/are a U.S. person or entity (including a U.S. resident alien).

\_\_\_\_\_  
 PRIMARY APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ JOINT APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS APPLICANT NAME: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE \_\_\_\_\_