



ACCOUNT NUMBER _____
 \$ _____
 CREDIT LIMIT _____

ACCOUNT NUMBER _____
 MEMBER STATUS _____

DATE APPROVED _____
 (PSC Use Only)

**P.O. BOX 1306 NAMPA ID 83687
 (208) 466-7841 FAX (208) 466-8449
 APPLICATION FOR CREDIT & MEMBERSHIP
 WITH SUBSTITUTE FORM W-9 INFORMATION**

DATE APPROVED _____
 (PSC Use Only)

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	Rent	Other	Monthly Mortgage, Rent or Lease 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	\$	Other Income \$	
Present Employer – Joint Applicant			Position/Title		Yrs.	Gross Monthly Salary	\$	Other Income \$	
Main Phone #		Cell Phone #		E-Mail			Bank Institution And Branch		
BUSINESS 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	Sole Proprietor	Corporation (state)		Partnership		LLC (state)		Other (specify)	
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		
CREDIT REFERENCES – REQUIRED FOR BUSINESS APPLICANTS ONLY									
Name				Address				Phone	
Name				Address				Phone	
Name				Address				Phone	

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 Producers Supply Co-Op ("PSC") agrees to extend credit, all decisions regarding the granting or continuation of credit are at the sole discretion of PSC and may be terminated at any time. Applicant hereby authorizes PSC 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 PSC. PSC assumes Applicant is solvent. Continued solvency is a precondition to any sale made by PSC. Applicant agrees to update this Application and provide financial statements upon request, and further agrees that, if there are 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 PSC at 208-466-7841 of the loss. Acceptance of goods, without notification to PSC 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 15TH 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 PSC 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. PSC reserves the right to change these charges. Payment received may be applied against open charges at the discretion of PSC. 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 PSC in connection with any delinquent account. The laws of the State of Idaho shall be applicable to any action arising out of this Application. The parties agree that Canyon 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	\$1.00

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 PSC at the above address within sixty (60) days from the date you were notified of the decision to deny credit. PSC 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 Producers Supply Co-Op (PSC) 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 PSC, including all interest, collection costs and attorneys' fees incurred by PSC 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)

MEMBERSHIP APPLICATION (SUBSTITUTE W-9)

MEMBERSHIP REQUIRES THE PURCHASE OF ONE SHARE OF STOCK AT \$10.00/SHARE.

I/We the undersigned hereby apply for membership in Producers Supply Co-Op, agree to patronize Producers Supply Co-Op on a cooperative basis and to abide by its articles of incorporation and bylaws now or hereafter in effect as a producer-member. It is understood that producer-members must be accepted to membership by the Board of Directors and to be eligible must be agricultural producers who receive some 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 _____