



160 Medford Plaza | Medford, WI 54451 | PO Box 407
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www.medfordcoop.com

ACCOUNT APPLICATION

PLEASE PRINT

NAME _____
(FIRST) (MIDDLE) (LAST)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DELIVERY ADDRESS (if different than above) _____

PREVIOUS ADDRESS (if at current address less than 2 years) _____

PH# _____ CELL PHONE # _____

E-MAIL _____ STATEMENTS SENT BY E-MAIL: ___ YES ___ NO

BIRTHDATE _____ SOCIAL SECURITY # _____

EMPLOYER _____ POSITION _____

TIME WITH CURRENT EMPLOYER ___ YEARS

SPOUSE _____ BIRTHDATE _____ SOCIAL SECURITY# _____

EMPLOYER _____ POSITION _____

TIME WITH CURRENT EMPLOYER ___ YEARS

RENT OR OWN YEARS THERE _____ MORTGAGE HOLDER / LANDLORD NAME _____

COMMODITIES REQUESTED:

___ Bulk Fuels ___ Bulk LP ___ Feed ___ Agronomy ___ Norfinitly IT Solutions

IF FUELS OR LP ARE REQUIRED, PLEASE FILL OUT NEW CUSTOMER WORKSHEET AND SUBMIT WITH YOUR APPLICATION.

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit (soft inquiry) and employment history and to answer questions about your credit experience with me. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Finance charge begins to accrue on a transaction that is not paid in full at the date of the second billing of the charge. Annual percentage rate is eighteen percent (18%). Please read the charge account agreement and your billing rights on the back of this form.

SIGNATURE

DATE

SIGNATURE (SPOUSE)

DATE

OFFICE USE ONLY: FICO SCORE _____ ___ APPROVED ___ REGULAR ___ PAY BALANCE ___ PRE-PAY \$ _____ CREDIT LIMIT

___ DENIED

ACCOUNT # _____

CHARGE ACCOUNT AGREEMENT

I agree that the following terms will govern any purchases made or authorized by me which are charged to this account:

1. I will pay the cash price (including taxes) of goods charged to this account, together with applicable Finance Charges.
2. All amounts are due within 30 days.
3. The Wisconsin Consumer Act may apply to this account.
4. Calculation of Finance Charge. The Finance charge shall be determined by applying a daily rate of .00049315 (annual percentage rate of 18%).
5. Balance on which Finance Charge is Computed. The finance charge will be computed on the balance of the account which remains unpaid at the time of the following monthly statement. Therefore, the finance charge begins to accrue from the date of the second billing.
6. Application of Payments. Each payment shall be applied first to unpaid Finance Charges; then, as to merchandise and services purchased on different dates, the first purchased shall be deemed first paid; as to merchandise and services purchased on the same date, the lowest priced shall be deemed first paid.
7. Security Interest. To secure full payment and performance of all of my obligations and my entire indebtedness under this account, you are hereby granted a security interest under the Uniform Commercial Code in and to all merchandise purchased with this account.
8. Limitation, Suspension or Termination. I understand that I am not authorized to charge to my account in excess of the limit previously established between us. I understand that my right to charge to this account may be suspended by the Medford Cooperative, Inc. whenever I have any amount of my account outstanding more than 60 days or in the event of a default. I understand the Medford Cooperative, Inc. may terminate this charge account agreement at any time upon written notice and in accordance with applicable law.

YOUR BILLING RIGHTS UNDER THE FAIR CREDIT BILLING ACT

This notice contains important information about your rights and responsibilities under the Fair Credit Billing Act.

1. Notify Us In Case of Errors or Questions About Your Bill
If you think your bill is wrong, or if you need more information about a transaction on your bill, write to us (on a separate sheet) at P.O. Box 407, Medford, WI 54451-0407. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information: (1) Your name and account number (2) The dollar amount of the suspected error and (3) Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.
2. Your Rights and Our Responsibilities After We Receive Your Written Notice
We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill is correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount in question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.