MADISON FARMERS ELEVATOR COMPANY

Send Completed Credit Application to:
P.O. Box 228
Madison, SD 57042
Or Scan to Email:
cassie@madisonfarmerselevator.com
Phone: (605) 256-4584

For Office Use Only
Date Approved _____
By Whom_____

Credit Application and Agreement

Please check appropriate box for services being applied for: Grain Services ☐ Feed ☐

TYPE OF ORGANIZATION:
Sole Proprietor ☐ General Partnership ☐ Corporation ☐ LLC ☐ Non-Profit ☐ Other ☐

Date Business Originated _____ Federal EIN/SS# _____ Birth Date _____

Name/Business _____ Address _____

Phone/Cell Phone(s) _____ Email _____

Amount $ Requesting Per Month _____

Owners and Spouse/Co-Applicant, Officers, Guarantors, Members or Patrons (PLEASE LIST):

NAME	Title

TRADE/CREDIT REFERENCES (NEED AT LEAST TWO):

	Name	Contact Person	Phone Number	Fax #
Primary Bank/Lender				
Primary Supplier				
Primary Supplier				

Everything stated in this application is true and correct. I understand that Madison Farmers Elevator Co. will retain this application whether or not it is approved. Madison Farmers Elevator is authorized to check my credit and employment history and to answer questions about Madison Farmers Elevator's credit experience with me, including obtaining a credit report on the individual applicant(s) and reporting performance of the applicant(s) under this Agreement to credit reporting agencies. If Madison Farmers Elevator extends credit to the applicant, applicant will pay the price (including taxes) of goods and services charged to this account, together with applicable finance charges, and abide by all obligations imposed by this Agreement and all terms of Madison Farmers Elevator's credit plan and policy. I certify that I am duly authorized to sign this Agreement and to thereby bind the entity/person(s) on whose behalf I am signing. A fax or scan of this Agreement containing signatures shall be deemed original signatures for all purposes related to this Agreement. I Guarantee and Agree, as provided by law, to be personally responsible for payment of all obligations incurred and unpaid by the type of organization indicated previously in this application.

_____ _____ _____ _____
Applicant's Signature Date Co-Applicant's Signature Date