

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

Name/Business _____ Address _____

Federal EIN/SS# _____ Birth Date _____

Phone/Cell Phone(s) _____ Email _____

Monthly Amount \$ Requested _____ Beneficiary _____

OWNER, CO-APPLICANTS, SPOUSE:

Name	Title

CREDIT REFERENCES REQUIRED:

	Name	Contact Person	Phone Number
Primary Bank/Lender			
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