



227 East Spring Street | PO Box 159
 Loyal, WI 54446
 (715) 255-8507
 www.NorthsideElevator.com

CREDIT APPLICATION

Name of Customer (as appears on State Driver's License ID): _____

Address: _____ City, State, Zip: _____

Phone number: (____) _____ Email: _____

Person responsible for paying bills: _____

Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietor | How many years in Business: _____

Principal Owners or Officers:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is Customer Sales Tax Exempt? _____ (If so, please include sales tax exemption form)

Bank Name: _____

Address: _____

Officer Handling Account: _____ Telephone Number: _____

Credit References: (excluding Banks) Three references required.

Name	Address	City, State, Zip	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this Agreement, I authorize Northside Elevator, Inc. to contact the above financial institutions and credit references and I authorize the financial institutions and credit references listed to provide all available credit and financial information including my income statement and balance sheet to Northside Elevator, Inc.

 Applicant (PRINT)

 Date

 Co-Applicant (PRINT)

 Date

 Applicant (SIGNATURE)

 Co-Applicant (SIGNATURE)

 Applicant (PRINT)

 Date

 Co-Applicant (PRINT)

 Date

 Applicant (SIGNATURE)

 Co-Applicant (SIGNATURE)



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FINANCE CHARGE 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. Statement of Credit Policy: All monthly charges are due and payable upon receipt of the monthly statement. Any charges not paid in full within 30 days following the month of purchase will be subject to a Finance Charge of 1.5% per month (18% Annual Percentage Rate) on the unpaid balance. Finance Charges will not be assessed on unpaid Finance Charges.
3. Patrons with charges not paid the following month will incur a finance charge and be considered delinquent. Delinquent accounts are not eligible for any cash discounts which may be in effect.
4. 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.
5. Security Interest: To secure full payment and performance of all my obligations and my entire indebtedness under this account, I hereby grant to Northside Elevator, Inc. a security interest under the Uniform Commercial Code in and to all merchandise purchased with this account.
6. **Suspension or Termination: I understand that my rights to charge on this account may be suspended by Northside Elevator, Inc. whenever I have any amount of my account outstanding more than 30 days or in the event of a default as specified in number 3 above. I understand Northside Elevator, Inc. may terminate this charge account at any time upon written notice and in accordance with applicable law.**
7. **I understand that if in the discretion of Northside Elevator, Inc. some formal collection measures are deemed necessary to collect my indebtedness to Northside Elevator, Inc., I agree to pay all costs of collection before and after judgment, including, to the extent not prohibited by law, reasonable attorney's fees.**

_____	_____	_____	_____
Applicant (PRINT)	Date	Co-Applicant (PRINT)	Date
_____		_____	
Applicant (SIGNATURE)		Co-Applicant (SIGNATURE)	
_____	_____	_____	_____
Co-Applicant (PRINT)	Date	Co-Applicant (PRINT)	Date
_____		_____	
Co-Applicant (SIGNATURE)		Co-Applicant (SIGNATURE)	

GUARANTEE

IF THIS APPLICATION IS FOR CREDIT TO A CORPORATION OR OTHER ORGANIZATION, I GUARANTEE AND AGREE, AS PROVIDED BY LAW, TO BE PERSONALLY RESPONSIBLE FOR PAYMENT OF ALL OBLIGATIONS INCURRED AND UNPAID BY SUCH ORGANIZATION. THIS IS A GUARANTEE OF PAYMENT AND NOT MERELY PERFORMANCE. I WAIVE NOTICE, PRESENTMENT AND/OR DEMAND FOR PAYMENT. THIS IS AN UNCONDITIONAL GUARANTEE.

Dated this _____ day of _____, 20____. _____ (SIGNED)



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YOUR FAIR RIGHTS UNDER THE FAIR CREDIT BILLING ACT

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

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 the address listed on your bill. 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.

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 was 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 you 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 \$50.00 of the questioned amount, even if your bill was correct.

IDEMNIFICATION FOR INQUIRING WITH EMPLOYMENT/TRADE/CREDIT REFERENCES:

The applicant grants permission to Northside Elevator, Inc. and any reference above named to answer any inquiry, and the applicant shall indemnify and hold Northside Elevator, Inc. or any references harmless from litigation, claims, damages, or judgments brought by applicant or beneficiary for making inquiries with references, answers furnished by references, or Northside Elevator, Inc.'s decision not to extend credit based on those answers. The Applicant shall hold Northside Elevator, Inc. harmless from the receipt and use of credit reports about the applicant or the applicant's guarantor.

GRANT OF SECURITY AGREEMENT:

If credit is approved and extended, the applicant grants a continuing security interest to Northside Elevator, Inc., in and including but not limited to all equipment, fixtures, livestock and inventories now owned or hereafter acquired, all offspring, all crops growing, to be grown and/or harvested; and for all the above the proceeds and accessions in value. The applicant authorizes Northside Elevator, Inc. to perfect its security interest by filing financing statements, notifying prospective buyers, and taking other necessary actions to perfect Northside Elevator, Inc.'s security interest in all applicant's assets.



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Farmers Exemption Certificate

Check one: ___ Single Purchase X Continuous

Purchaser's Name _____

Purchaser's Address _____

The above purchaser, whose signature appears on the bottom of this form, claims exemption from Wisconsin state, county, baseball or football stadium, and premier resort sales or use tax on the purchase, lease, or rental of tangible personal property or taxable services, as indicated by the box(es) checked below.

I hereby certify that I am engaged in the business of selling, leasing, or renting:

Northside Elevator

General description of property or services purchases (itemize property purchased if "single purchase"):

Farm Feed, Seed, and Fertilizer

Seller's Name:

Northside Elevator

Seller's Address:

227 E. Spring Street, Loyal, WI 54446

Proposed Exempt Use

Farming (to qualify for this exemption, the purchaser must use item(s) exclusively and directly in the business of farming, including dairy farming, agriculture, horticulture, floriculture, or custom farming services.)	
	Tractors (except lawn and garden tractors) and farm machines, including accessories, attachments, parts and repair service.
X	Feed, seeds for planting, plants, fertilizer, soil conditioners, sprays, pesticides, and fungicides.
X	Baling twine and baling wire.
	Breeding and other livestock, poultry, and farm work stock.
X	Containers for fruits, vegetables, grain, hay, and silage (including containers used to transfer merchandise to customers), and plastic bags, sleeves, and sheeting used to store or cover hay and silage.
X	Animal waste containers or component parts thereof (may only mark certificate as "Single Purchase").
	Animal bedding, medicine for farm livestock, and milk house supplies.
	All-terrain vehicles (ATV) used exclusively in farming, not licensed for public use.
<i>I hereby certify that if the item(s) being purchased are not used in an exempt manner, I will remit use tax on the purchase price at the time of first taxable use. I understand that failure to remit the use tax may result in a future liability that may include tax, interest, and penalty.</i>	

Farmer's Signature _____ Date _____

Address _____