



227 E Spring St ★ PO Box 159
Loyal WI 54446
(715) 255-8507
www.northsideelevator.com

CREDIT APPLICATION

Farm Name (Tax ID name): _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email (required): _____

Name of person responsible for paying bills: _____
City: _____ State: _____ Zip: _____

Business Type: Corporation LLC Partnership Sole Proprietor
Number of Years in Business: _____

Principal Owners or Officers (as appears on State Driver's License ID):

Name: _____ DOB: _____
Address: _____ Phone: _____

Name: _____ DOB: _____
Address: _____ Phone: _____

Name: _____ DOB: _____
Address: _____ Phone: _____

Name: _____ DOB: _____
Address: _____ Phone: _____

Credit Line Request: \$ _____

Products & Services: Feed Fertilizer Seed Crop Protection Application
Is Customer Tax Exempt: Yes No (If Yes, please include sales tax exemption certificate)

Bank Account Information:

Name: _____ Contact Person: _____
Address: _____ Phone: _____

Credit References (3 references required, not including banks):

Name: _____ Phone: _____
City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
City: _____ State: _____ Zip: _____



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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.

Primary Applicant (print): _____ Date: _____

Primary Applicant (signature): _____ Date: _____

Co-Applicant (print): _____ Date: _____

Co-Applicant (signature): _____ Date: _____

Co-Applicant (print): _____ Date: _____

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Co-Applicant (signature): _____ Date: _____

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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 incorrect or if you need more information about a transaction on your bill, describe the error or problem in writing and mail to the address listed on your bill. 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, please provide 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 before that time. 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 questioned, or report you as delinquent. However, we can continue to bill you for the amount you questioned, 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 what we determine you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you tell us in writing (within ten days) that you still refuse to pay, we are obligated to tell any entity we report you to, that you have a question about your bill. Additionally, we must disclose the names of these entities to you. When the disputed matter has been settled between us, we are obligated to inform any entity we have reported you to, that the matter is settled. 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 for litigation, claims, damages, or Northside Elevator's, 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 Continuous

Purchaser's Name: _____

Purchaser's Address: _____

City: _____ **State:** _____ **Zip:** _____

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, Inc.

General description of property or services purchases (itemize property purchased if "single purchase"):
Farm Feed, Seed, and Fertilizer

Seller's Name:
Northside Elevator, Inc.

Seller's Address:
227 E. Spring Street, Loyal, WI 54446

Proposed Exempt Use:
Farming (to qualify for this exemption, the Purchaser must use items 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.

Feed, seeds for planting, plants fertilizer, soil conditioners, sprays, pesticides, and fungicides.

Baling twine and baling wire.

Breeding and other livestock, poultry, and farm work stock.

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.



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____ 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 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.

Farmer's Signature: _____ **Date:** _____

City: _____ **State:** _____ **Zip:** _____

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FINANCE CHARGE AGREEMENT

I agree that the following terms will govern any purchases made or authorized by me which are charge 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 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.**

Primary Applicant (print): _____ Date: _____

Primary Applicant (signature): _____ Date: _____

Co-Applicant (print): _____ Date: _____

Co-Applicant (signature): _____ Date: _____

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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 DEAMED FOR PAYMENT. THIS IS AN UNCONDITIONAL GUARANTEE.

Dated this _____ day of _____ 20____

Signature _____

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ACH RECURRING PAYMENT AUTHORIZATION FORM - FEED ACCOUNTS

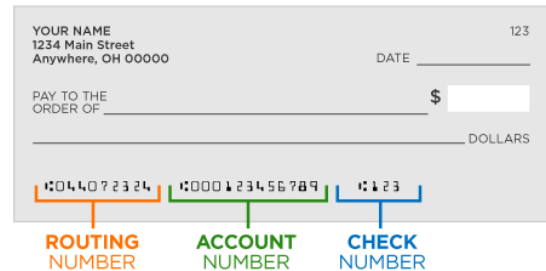
By signing this agreement, you authorize regularly scheduled withdrawals to your checking or savings account.

Customer/Farm name: _____
 Account #: _____
 Email address: _____
 Notify day prior? ___ Yes ___ No

BANK DETAILS (Please print clearly)

___ Checking ___ Savings

Name on Account: _____
 Bank Name _____
 Routing Number _____
 Account Number _____



Desired withdrawal date(s), please check one:

- Once a month, draw on the 10th for all purchases made in previous month
- Twice a month, draw your current balance on each date (10th and 20th)

I authorize Northside Elevator, Inc. to charge my bank account per an agreed upon schedule and understand I will not receive a prior notification unless the payment date changes, in which you will be notified in advance. I understand that the charge will appear on my bank statement as an "ACH DEBIT". I agree that this authorization will remain in effect until I cancel it in writing, and I agree to notify Northside Elevator, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the agreed upon payment date falls on a weekend or holiday, I understand that the payments may be executed the next business day, except in the case of it being the end of the month. In that case, the payment will be withdrawn on the last business day of the month.

In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Northside Elevator, Inc. may at its discretion attempt to process the charge again within 30 days and I agree to an additional \$30.00 charge for each returned NSF.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____