



CREDIT APPLICATION

Thank you for your interest in our company. Please complete this form entirely so we may have an accurate record for sales and credit purposes. Our credit terms are on this form. If you need further information, please call our office at the number listed below. This is an application for credit. There is no guarantee credit will be granted.

BUSINESS APPLICATION

FIRM NAME		PHONE	CELL	FAX	TAX ID
STREET ADDRESS - <i>Required</i>		MAILING ADDRESS			
CITY/STATE/ZIP - <i>Required</i>		CITY/STATE/ZIP			
EMAIL					
CORPORATE PRINCIPAL / PARTNERS	SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.	CORPORATE PRINCIPAL / PARTNERS	SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.
CORPORATE PRINCIPAL / PARTNERS	SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.	TYPE OF BUSINESS		
LEGAL ENTITY OF FIRM <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		<input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit	YEAR BUSINESS STARTED	YR INCORPORATED	ST INCORPORATED
					PURCHASE ORDER RQRD <input type="checkbox"/> Yes <input type="checkbox"/> No

INDIVIDUAL OR JOINT APPLICATION

NAME	SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.	JOINT NAME	JOINT SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.
PHYSICAL ADDRESS - <i>Required</i>			PHONE	FAX	
MAILING ADDRESS - <i>Required</i>			CELL	ADD'L PHONE	
CITY			STATE	ZIP	
EMAIL			<input type="checkbox"/> Rent <input type="checkbox"/> Own	Years at current address	
PREVIOUS ADDRESS					Years at previous address
OCCUPATION		EMPLOYER		Years Employed	
EMPLOYER ADDRESS				Employer Phone	

You may setup your online account to view invoice tickets, monthly statements and the option to make your payments. Logon to www.rmsi.coop

ESTIMATED YEARLY PURCHASES

\$0 - 1,000
 \$1,000 - 5,000
 \$5,000 - 10,000
 \$10,000 - 50,000
 \$50,000 +

BUSINESS CREDIT REFERENCES ONLY

NAME OF BUSINESS	ADDRESS	DAYTIME PHONE

BANK REFERENCE

BANK NAME AND ADDRESS		CONTACT PERSON	PHONE
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOANS	ACCOUNT NUMBER(S)		

SEE BACK OF THIS FORM FOR IMPORTANT TERMS AND CONDITIONS

Corporate Office

210 Gallatin Farmers Ave. • Belgrade, MT 59714 • (406) 813-5045 • Fax (406) 813-5884
 Email: credit@rmsi.coop • www.rmsi.coop

INITIAL DISCLOSURE STATEMENT - OPEN END CREDIT ACCOUNT - ROCKY MOUNTAIN SUPPLY, INC. AND ITS SUCCESSORS.

Date: _____

Creditor's Name: ROCKY MOUNTAIN SUPPLY, INC.

Creditor's Address: 210 Gallatin Farmers Avenue, Belgrade, MT 59714

Customer's Name: _____

Customer's Address: _____

DISCLOSURES REQUIRED BY FEDERAL LAW AND STATE LAW
 The above numbered account is subject to the following terms & conditions:

Rocky Mountain Supply does not accept credit/debit cards as a form of payment on charge accounts.

1. **MONTHLY CREDIT ACCOUNTS** or short term financing shall be opened after application for credit has been properly filled out, signed by the person applying for the credit and credit approved by the credit department. There will be NO EMERGENCY CREDIT allowed prior to completion of the entire procedure unless approved by the CEO.
2. Payment on approved credit accounts is due by the **20th** of each month following purchases. Rocky Mountain Supply will assess a **finance charge** on account balance if the balance is not paid prior to the next statement date as shown in the periodic statement with which the customer will be furnished after the **close of business on the last day of each month**. The customer will incur NO finance charge if the amount shown under "new balance" on such periodic statement is paid **BEFORE** the next statement date shown on the statement.
3. The amount on which a **FINANCE CHARGE** will be imposed is the outstanding balance at the beginning of the next statement cycle, less payments or credits received **prior** to the statement date shown on the statement. The amount of the **FINANCE CHARGE** is determined by multiplying the outstanding balance by a penalty APR of one and one-half percent (1.5%) per month. The corresponding **annual percentage rate is eighteen percent (18%)**. The finance charge may be changed from time to time upon **forty-five (45) days** written notice sent to the customer's address shown above.
4. Any notice of billing errors must be sent to the Rocky Mountain Supply, Inc. Corporate Office within **thirty (30) days** of the date of statement which allegedly contains the error.
5. Once an account becomes past due (at the second monthly statement for outstanding accounts), the said accounts shall be placed on cash basis and all Cardrol Fuel Credit Cards will be deactivated unless prior arrangements are made with the credit department.
6. All full transport load sales and/or wholesale sales of diesel fuel, gasoline, propane, fertilizer, feed and other agricultural products must be paid according to terms determined by management on a case by case basis.
7. **INDIVIDUAL, BUSINESS OR JOINT CREDIT ACCOUNT:** All customers shall notify Rocky Mountain Supply, Inc. of all changes of phone numbers, email, or address after the execution of this agreement.
8. If Consumer account is in default Consumer understands and agrees that in addition to the principal amount due Consumer may be responsible for all costs and fees of account collection including, but not limited to, attorney fees, collection agency fees that may be up to 50% in addition to the amount owed, court costs, debit/credit card transaction fees, and interest at the highest amount allowed by law. Example: If you owe \$500.00 and the collection agency charges Rocky Mountain Supply, Inc. 50%, you are responsible for \$750.00 (Up to 50% is an actual cost charged to Rocky Mountain Supply, Inc.). The proper venue for any action filed to enforce the terms of this agreement shall be Gallatin County, MT.

The **FINANCE CHARGE** disclosed above may be changed from time to time upon forty-five (45) days written notice sent to customer's address as shown above.

PERSONAL GUARANTEE

I have read and agree to the terms as outlined in this application, whether for me individually or for the business entity listed. I agree that Rocky Mountain Supply, Inc. has my permission to contact banks, financial institutions and the like to obtain the necessary information to conduct their inquiry.

I agree to be personally responsible for all debt associated with this account, regardless of the name of the account holder, whether it be for me individually, another member of my family, or for a business entity. Further, I understand and agree that if any account balance is not paid as required, I will be held personally responsible for payment of all collection fees, including, but not limited to attorney's fees, costs, and interest.

A copy of Driver's License is required

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 PRINT NAME OF RESPONSIBLE PARTY

 PRINT NAME OF RESPONSIBLE PARTY

 SIGNATURE OF RESPONSIBLE PARTY

 DATE

 SIGNATURE OF RESPONSIBLE PARTY

 DATE

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

DATE	Business Entity Search	BY	LIMIT	ACCOUNT NO.



AUTHORIZED ACCOUNT USERS/CHANGES OF ADDRESS, PHONE, FAX

I understand that only persons listed below and myself are authorized to make purchases/charges to my account. I understand that I may make changes to this list of users at any time by giving notice of such changes to Rocky Mountain Supply, Inc., in writing, using this form. I agree to release and indemnify Rocky Mountain Supply, Inc. from any claims associated with charges by those persons listed below. I agree to be personally responsible for all debts associated with any purchases or charges to my account made by any person listed below.

Account # _____ **Account Name:** _____

List authorized account users or any changes, including changes of address, phone, fax.
Please email to: credit@rmsi.coop or fax to: (406) 813-5884.

Check One Box		Check One Box	
Add	Delete	Add	Delete
_____	_____	_____	_____
Add Delete	_____	Add Delete	_____
_____	_____	_____	_____
Add Delete	_____	Add Delete	_____
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Add Delete	_____	Add Delete	_____
_____	_____	_____	_____
Add Delete	_____	Add Delete	_____

Date: _____

Printed name of responsible party: _____

Signature: _____

Title: _____