

**PERSONAL CREDIT APPLICATION  
INTERMOUNTAIN FARMERS ASSOCIATION CREDIT APPLICATION**

*A/R USE ONLY*

P.O. Box 30168  
Salt Lake City, UT 84130  
P. (801) 972-2122  
F. (801) 972-2186

Account #:  
Branch #:  
Limit:  
Date:

FIRST NAME M.I. LAST NAME

MAILING ADDRESS CITY STATE ZIP

PHYSICAL ADDRESS APT# CITY STATE ZIP

HOME TELEPHONE# SOCIAL SECURITY # (REQUIRED) DRIVERS LICENSE#

EMPLOYER HOW LONG GROSS MONTHLY INCOME

EMPLOYERS ADDRESS BUSINESS TELEPHONE#

BRANCH MOST LIKELY TO PURCHASE AT EMAIL ADDRESS

**COMPLETE THIS SECTION FOR JOINT APPLICATION ONLY**

JOINT APPLICANT'S NAME RELATIONSHIP HOME TELEPHONE#

HOME ADDRESS APT# CITY STATE ZIP

SOCIAL SECURITY # (REQUIRED) EMPLOYER HOW LONG BUSINESS TELEPHONE#

**BANK REFERENCES**

<u>Bank Name</u>	<u>Branch Location</u>	<u>Account/Loan #</u>	<u>Contact Person</u>	<u>Phone #</u>	<u>Fax #</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

**CREDIT REFERENCES**

<u>Firm Name</u>	<u>Address</u>	<u>Account/Loan #</u>	<u>Contact Person</u>	<u>Phone #</u>	<u>Fax #</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

PST Registration Fields for Branch Mailing Labels. (Please mark the categories that apply for this account. Maximum of 7 Categories allowed.)	<input type="checkbox"/> (A) Animal Health <input type="checkbox"/> (B) Automotive <input type="checkbox"/> (C) Beef <input type="checkbox"/> (D) Corn <input type="checkbox"/> (E) Dairy	<input type="checkbox"/> (F) Chemicals <input type="checkbox"/> (G) Farm Days <input type="checkbox"/> (H) Fruit Grower <input type="checkbox"/> (I) Fertilizer <input type="checkbox"/> (J) Horse	<input type="checkbox"/> (K) Irrigation <input type="checkbox"/> (L) Fencing <input type="checkbox"/> (M) Miscellaneous <input type="checkbox"/> (N) Home/Garden <input type="checkbox"/> (P) Pet Supplies	<input type="checkbox"/> (S) Seed <input type="checkbox"/> (Y) Cooperator
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**PLEASE READ AND SIGN THE BACK OF THIS APPLICATION**

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and I certify that information provided on the reverse side of this form is true, correct, and complete.

(Note: This statement is required by the IRS or all who receive patronage refunds. You should cross out the #2 part of the statement if you are subject to backup withholding.)

**IFA CREDIT ACCOUNT AGREEMENT**

IF Intermountain Farmers Association (IFA) approves my Application for Account, the applicant agree as follows:

1. If at any time the balance owing on account should exceed the credit limit, applicant(s) will pay immediately upon demand by IFA, the amount by which the balance owing exceeds the credit limit.
2. A.) **Balance Forward Terms:**
  - i. For purchases on the twenty-five (25)-day account, applicant agrees as follows: Applicant shall pay all amounts due under the Account upon receipt of an invoice for such amounts;
  - ii. Amounts due under the account not paid within twenty-five (25)-days shall accrue a finance charge in an amount equal to one and one-half percent (1½ %) of the past due amount per month. Applicant(s) will pay finance charges which will accrue and will be calculated as shown in the disclosure statement set forth below.
- B.) **Revolving Terms:** As long as applicant(s) have a balance owing on account, applicant(s) will make a monthly payment of at least ten percent (10%) of the balance owing rounded up to the tenth dollar, the minimum being \$30.00, as shown on a monthly statement provided to applicant(s) by IFA. Applicant(s) may pay the entire balance owing at any time.
3. Applicant(s) will pay finance charges, which will accrue and will be calculated as shown in the disclosure statement set forth below.
4. If applicant(s) fail to make payments when they are due, applicant(s) will (i) pay all costs of collection incurred by IFA in connection with applicant(s) credit account, including attorneys fees and court costs; (ii) submit to suit for collection in Salt Lake County; (iii) and pay interest at a rate of 1.5% per month on any judgement obtained by IFA against applicant(s) from the date of the judgement until the judgement is paid.
5. IFA may at any time terminate or limit use of applicant(s) credit account.
6. Applicant(s) will promptly notify IFA of any change in applicant(s) residence or billing address.
7. The terms of this agreement may be altered or amended by a written instrument provided to applicants(s) by IFA

If Intermountain Farmers Association (IFA) approves my Application for Account, the applicant(s) agree as follows.

By signing below, applicant(s) (i) request a credit account with Intermountain Farmers Association (“IFA”) and agree to be bound by the foregoing IFA Credit Agreement; (ii) certify that all information applicant(s) have provided on the application is true, correct, and complete; (iii) authorize applicant(s) current and past creditors and employers and credit reporting agencies to release information to IFA regarding credit history; this authorization shall be continuing without expiration and a photocopy or fax copy shall be given the applicant(s) same effect as the original; (iv) authorize IFA to investigate applicant(s) credit history and to exchange information regarding applicant(s) credit account with appropriate persons or agencies; and (v) certify that applicant(s) have read and understand the Disclosure Statement set forth below.

\_\_\_\_\_  
 APPLICANT’S SIGNATURE DATE

\_\_\_\_\_  
 JOINT APPLICANT’S SIGNATURE DATE

Annual Percentage Rate	Eighteen percent (18%)
Monthly Periodic Rate	One and one-half percent (1 ½%)
Method of computing balances	We calculate the finance charge on your account by multiplying the monthly periodic rate of one and one-half percent (1 ½%) by your “adjusted balance”. Your “adjusted balance” is an amount equal to the balance you owed at the end of the previous billing cycle minus any payments and credits made on your account during the present billing cycle.

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 IFA Branch Manager’s Signature