



RETAIL CREDIT APPLICATION

General Information

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|--------------------------------|-----------------------------|
| AMOUNT OF CREDIT REQUEST \$ | ACCOUNT # (OFFICE USE ONLY) |
|--------------------------------|-----------------------------|

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|---|--|---|-------|-------------------|--|---|------------------|
| LAST NAME (or business name if applicable) | | FIRST NAME | | INITIAL | SOCIAL SECURITY OR FEDERAL TAX ID NUMBER | | |
| STREET ADDRESS | | CITY | STATE | ZIP | # OF YEARS | <input type="checkbox"/> OWN <input type="checkbox"/> RENT | TELEPHONE NUMBER |
| PREVIOUS ADDRESS | | CITY | STATE | ZIP | # OF YEARS | MARITAL STATUS | DATE OF BIRTH |
| EMPLOYER (Off Farm Income) | | EMPLOYER ADDRESS | | POSITION OR TITLE | BUSINESS PHONE | MONTHLY INCOME \$ | |
| OTHER NAMES YOU HAVE USED IN BUSINESS (IF ANY) ? | | HAVE YOU OBTAINED CREDIT FROM SOUTH DAKOTA WHEAT GROWERS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | HAVE YOU OBTAINED CREDIT FROM NORTH CENTRAL FARMERS ELEVATOR BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ARE YOU NOW, OR HAVE YOU EVER BEEN IN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | I HAVE PAST DUE ACCOUNTS AT: | | | | | |
| NAME OF NEAREST RELATIVE NOT LIVING WITH YOU? | | ADDRESS | CITY | STATE | ZIP | RELATIONSHIP | |

Credit References (List financial institutions & two other suppliers)

| | | | | | |
|--|---------|------|-------|-----|------------------|
| LANDLORD OR MORTGAGE HOLDER | ADDRESS | CITY | STATE | ZIP | TELEPHONE NUMBER |
| LOANS: NAME OF LENDER & CONTACT PERSON | ADDRESS | CITY | STATE | ZIP | TELEPHONE NUMBER |
| CHECKING ACCOUNT: NAME OF BANK | ADDRESS | CITY | STATE | ZIP | TELEPHONE NUMBER |
| OTHER SUPPLIER | ADDRESS | CITY | STATE | ZIP | TELEPHONE NUMBER |
| OTHER SUPPLIER | ADDRESS | CITY | STATE | ZIP | TELEPHONE NUMBER |

Spouse/Co-Applicant Complete this part only if another person will use this account.

Such person must also sign the application and will be jointly obligated on the account.

| | | |
|--|------------------------|---------------------------|
| NAME | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| ADDRESS & TELEPHONE NUMBER (if different from Applicant) | | RELATIONSHIP TO APPLICANT |
| PRESENT EMPLOYER & ADDRESS | POSITION OR TITLE | MONTHLY INCOME \$ |

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|----------------------------|
| FOR OFFICE USE ONLY |
| CR REF SENT _____ |
| GREDIT LIMIT \$ _____ |
| CREDIT APPROVAL _____ |

AUTHORIZATION FOR RELEASE OF INFORMATION:

The undersigned hereby authorizes release to Dakotaland Feeds, L.L.C. and it's parent companies, any and all information (including financial statements) in your care, custody and control concerning the undersigned's financial condition. The undersigned further releases the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may result because of compliance with this Authorization for Release of Information. It is expressly agreed that a photocopy of this Authorization shall be as valid as the original. I agree and understand the above information is being provided for the purpose of obtaining credit, and Dakotaland Feeds, L.L.C. is relying on the same in considering this application. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and to answer questions about your credit experience with me.

| | | | |
|----------------------|------|-------------------------|------|
| APPLICANTS SIGNATURE | DATE | CO-APPLICANTS SIGNATURE | DATE |
|----------------------|------|-------------------------|------|

RETURN TO: General Manager, Dakotaland Feeds, L.L.C., P.O. Box 157, Huron, SD 57350-0157