



**Central Dakota Frontier Cooperative**  
 Napoleon, Wishek, Hazelton, New Salem, Steele  
 Regent, Hettinger, South Heart, Bismarck & Mandan  
 PO Box 300  
 Napoleon, ND 58561  
 Telephone: (701)754-2252 – Main Office - Napoleon

**MEMBERSHIP/CREDIT APPLICATION**

Account Name: \_\_\_\_\_  
 Account Address: \_\_\_\_\_  
 Town/State/Zip code \_\_\_\_\_  
 Name/Title of Applicant: \_\_\_\_\_  
 Tax I.D. No/Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Would you like ND Farmers Union Annual Dues Paid off your Stock distribution? \_\_\_\_\_

***THE INFORMATION BELOW MUST BE COMPLETED IN ORDER TO OBTAIN CREDIT WITH DFC:***

**BANK INFORMATION**

Bank Name: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**TRADE CREDIT REFERENCES**

**(List only those you have bought from within the last year)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Upon credit approval, would you like a cardrol card? YES \_\_\_\_\_ NO \_\_\_\_\_ How many Cards? \_\_\_\_\_**

The undersigned agrees to pay this account in full by the 30<sup>th</sup> of each month following purchase. In the event payment is not prompt, a monthly finance charge of 1.5% (18% APR) will be added to the unpaid balance until paid. The applicant further agrees to pay all costs of collection including reasonable attorney fees, should that become necessary. DFC shall have the right to limit or terminate this charge account at any time.

The undersigned recognizes that his or her individual credit history may be a necessary factor in the evaluation of this credit application and hereby consents to and authorizes the credit references listed to release to DFC any requested credit information

***\*\*The Tax ID number shown on this form is my correct taxpayer ID number***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Credit limit will be set by Central Dakota Frontier Cooperative.