



Kari Bunn  
Accounts Payable  
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**CREDIT APPLICATION-INDIVIDUAL**

CREDIT RELEASE DATE: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

The undersigned hereby authorizes the Credit Department of Plains Grain and Agronomy Cooperative of Enderlin, N.D. to obtain information to accounts of deposit, credit obligations and all other matters which they may require in connection with my (our) request for establishing credit limit.

This form MAY BE REPRODUCED AND THAT COPY SHALL BE EFFECTIVE AS THE ORIGINAL AUTHORIZATION which I (we) have signed.

All information obtained will be held in strict confidence.

Company/Individual Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

S.S. Number or Tax ID: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone #: \_\_\_\_\_

Credit References: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Credit References: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

**\*\*\*THIS FORM MUST BE SIGNED AND RETURNED BEFORE AN ACCOUNT CAN BE OPENED\*\*\***