



# APPLICATION FOR CREDIT

CHS Inc.

Main Office: 5500 Cenex Drive | Inver Grove Heights, MN 55077  
 Phone (651) 355-6196 | 800-323-8916 | Fax 866-623-9913

For Office Use Only	
Patron #	_____
Credit Limit \$	_____
Approval	_____
Date	_____

<b>PRODUCTS PLANNING TO PURCHASE:</b>	<b>CREDIT NEEDED: \$</b> _____
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INDIVIDUAL: (As recorded with IRS)				
Last Name:	First Name:	Middle Initial:	Social Security Number:	Date of Birth:
Address:		City:	State:	Zip Code:
Home Phone Number:	Cell Phone / Fax Number:	Email Address:		
Previous Address:	City:	State:	Zip Code:	

BUSINESS: (As recorded with IRS)				
Legal Name:	Contact Person:			
Physical Address / PO Box:	City:	State:	Zip Code:	
Business Phone:	Fax Number:	Email Address:		
Federal Tax ID Number:	Tax Exempt Number:	Type of Business:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____ <input type="checkbox"/> Corporation - Date of Inc: _____ State of Inc: _____	

AUTHORIZED SIGNER:	
If you are applying as a business, are you an authorized signer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please Print Name: _____ Title: _____

BANK REFERENCES:					
Operating Line: <input type="checkbox"/> No <input type="checkbox"/> Yes	Bank Name:	Contact Person:	Location: (City/State)	Phone Number:	Fax Number:
Checking/Saving: <input type="checkbox"/> No <input type="checkbox"/> Yes	Bank Name:	Contact Person:	Location: (City/State)	Phone Number:	Fax Number:

CREDIT / TRADE REFERENCES:					
Name:	Account Number:	Location:	Phone Number:	Fax Number:	
Name:	Account Number:	Location:	Phone Number:	Fax Number:	

CO-APPLICANT: (If Applicable)					
Last Name:	First Name:	Middle Initial:	Social Security Number:	Date of Birth:	
Address:		City:	State:	Zip Code:	
Home Phone Number:	Cell Phone / Fax Number:	Relationship to Applicant:			
Bank Reference: Operating / Checking	Bank Name:	Contact Person:	Location: (City/State)	Phone Number:	Fax Number:

GUARANTOR: (For Business Applicants)					
Last Name:	First Name:	Middle Initial:	Social Security Number:	Date of Birth:	
Address:		City:	State:	Zip Code:	
Home Phone Number:	Cell Phone / Fax Number:	Relationship to Applicant:			
Bank Reference: Operating / Checking	Bank Name:	Contact Person:	Location: (City/State)	Phone Number:	Fax Number:

EACH OF THE UNDERSIGNED HEREBY GUARANTEES FULL PAYMENT OF ALL PRESENT AND FUTURE INDEBTEDNESS OF THE APPLICANT. THIS GUARANTEE IS OPEN AND CONTINUOUS AND IS GIVEN TO INDUCE CHS TO EXTEND CREDIT TO THE APPLICANT(S). THIS PERSONAL GUARANTEE SHALL REMAIN EFFECTIVE UNTIL REVOKED BY THE UNDERSIGNED BY NOTICE IN WRITING TO CHS. HOWEVER, SUCH A REVOCATION SHALL BE EFFECTIVE ONLY TO AMOUNTS DUE WHICH ARISE OUT OF NEW CONTRACTS OR TRANSACTIONS ENTERED INTO MORE THAN 30 DAYS AFTER RECEIPT OF NOTICE BY CHS. SUCH NOTICE MUST BE GIVEN BY CERTIFIED MAIL TO CHS. AT ANY TIME CHS MAY, WITHOUT NOTICE, EXTEND CREDIT TO APPLICANT OR MODIFY, RENEW, EXTEND, OR COMPROMISE ANY INDEBTEDNESS TAKE, SUBORDINATE, OR RELEASE ANY SECURITY INTERESTS; RELEASE APPLICANT OR ANY OTHER GUARANTOR FROM ANY LIABILITY FOR INDEBTEDNESS AND OTHERWISE DEAL WITH APPLICANT AND OTHER GUARANTORS IN ANY MANNER DEEMED FIT, WITHOUT WAIVING THE EFFECTIVENESS OF THIS PERSONAL GUARANTY. EACH GUARANTOR WAIVES PRESENTMENT, DEMAND, PROTESTS, AND NOTICE OF ANY KIND. IF THERE IS MORE THAN ONE GUARANTOR, THE OBLIGATIONS ARE JOINT AND SEVERAL. CHS MAY BRING A SEPARATE ACTION AGAINST ANY GUARANTOR WITHOUT FIRST PROCEEDING AGAINST THE APPLICANT, OR ANY OTHER PERSON OR SECURITY, AND WITHOUT PURSUING ANY OTHER REMEDY. IN ANY PROCEEDING TO INTERPRET OR ENFORCE THIS PERSONAL GUARANTEE, CHS SHALL BE ENTITLED TO RECOVER ALL OF ITS COSTS AND ATTORNEY FEES FROM ANY PERSONAL GUARANTOR. ALL NOTICES REGARDING THIS PERSONAL GUARANTEE MUST BE SENT TO CHS AT 5500 CENEX DRIVE, ATTN MS 140, INVER GROVE HEIGHTS, MN 55077. YOU FURTHER ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT INCLUDED ON PAGE TWO OF THIS APPLICATION. YOU AUTHORIZE US TO CONTACT REFERENCES AND OBTAIN FINANCIAL INFORMATION, INCLUDING BUT NOT LIMITED TO A CREDIT REPORT ON APPLICANT, NOW AND IN THE FUTURE AS WE DEEM NECESSARY. YOU UNDERSTAND THAT WE WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED.

IF APPLICANT IS AN ENTITY, APPLICANT REPRESENTS AND WARRANTS THAT THE APPLICANT: (1) IS DULY ORGANIZED, VALIDLY EXISTING AND IN GOOD STANDING UNDER THE LAWS OF THE APPLICABLE JURISDICTION; (2) IS DULY QUALIFIED TO DO BUSINESS IN SAID JURISDICTION; AND (3) HAS THE FULL RIGHT, ORGANIZATIONAL POWER AND AUTHORITY TO MAKE THIS APPLICATION AND PERFORM ITS OBLIGATIONS HEREUNDER. BY SIGNING BELOW, THE UNDERSIGNED ATTESTS THAT HE OR SHE IS DULY AUTHORIZED TO SIGN THIS APPLICATION AND OTHER DOCUMENTS OR INSTRUMENTS IN CONNECTION THEREWITH ON BEHALF OF THE APPLICANT.

Individual Signature	Business Signature	Title	Co-Applicant Signature	Guarantor Signature
_____	_____	_____	_____	_____
Date	Date	Date	Date	Date

\*\*FOR CREDIT REQUESTS OVER \$10,000 - PLEASE ATTACH A CURRENT SIGNED BALANCE SHEET.

## FINANCIAL INFORMATION:

BALANCE SHEET AS OF \_\_\_\_\_ FOR \_\_\_\_\_ (NAME OF INDIVIDUAL OR BUSINESS)  
 OR, PLEASE ATTACH YOUR MOST RECENT BALANCE SHEET. (NOTE : ALL INFORMATION MUST BE COMPLETED TO  
 RECEIVE CONSIDERATION FOR ANY CREDIT LIMIT REQUESTS GREATER THAN \$10,000)

ASSETS		DEBT & NET WORTH	
CASH & INVESTMENTS	\$	ACCOUNTS PAYABLE	\$
CROP INVENTORY TOTAL		NOTES DUE WITH BANK	
LIVESTOCK INVENTORY		CURRENT PORTION - TERM DEBT (DUE 1 YR.)	
PRE-PAID EXPENSES - CROPS		LAND RENT PAYABLE	
NOTES / ACCOUNTS RECEIVABLE		CREDIT CARD DEBT	
OTHER CURRENT ASSETS (_____)		OTHER CURRENT DEBT (CONTRACT FOR DEED)	
<b>TOTAL CURRENT ASSETS</b>	\$	<b>TOTAL CURRENT DEBT</b>	\$
MACHINERY & EQUIP. TOTAL		EQUIP. LOANS (NET OF CURRENT ABOVE)	
FARM REAL ESTATE		VEHICLE LOANS	
IRA'S & SECURITIES		REAL ESTATE LOANS (NET OF CURRENT)	
OTHER FIXED ASSETS (_____)			
<b>TOTAL LONG TERM ASSETS</b>	\$	<b>TOTAL LONG TERM DEBT</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$

- IN THE AGREEMENT "YOU" AND "YOUR" IS THE APPLICANT(S), AND "WE", "US" OR "OUR" IS CHS INC.
- YOU AGREE TO PAY US FOR CREDIT EXTENDED ON THIS ACCOUNT PURSUANT TO THIS AGREEMENT, TOGETHER WITH ALL APPLICABLE CHARGES. YOU AGREE THAT THIS ACCOUNT SHALL **BE USED ONLY FOR BUSINESS OR AGRICULTURAL PURPOSES** AND NOT PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES.
- YOU WILL RECEIVE A MONTHLY ACCOUNT STATEMENT SHOWING THE PURCHASES FOR THE PRIOR MONTH. YOU AGREE TO PAY THE ENTIRE BALANCE SHOWING ON YOUR ACCOUNT STATEMENT BY THE PAYMENT DUE DATE, AND YOU UNDERSTAND THAT WE MAY IMPOSE A **FINANCE CHARGE OF 1.5% PER MONTH (WHICH IS AN ANNUAL RATE OF 18%)**, OR AS APPLICABLE ACCORDING TO STATE LAW, IF ANY PORTION OF YOUR BALANCE REMAINS UNPAID BEYOND THAT DATE.
- WE WILL SET YOUR CREDIT LIMIT AND THIS IS THE MAXIMUM AMOUNT YOU MAY CHARGE ON YOUR ACCOUNT. WE MAY REFUSE TO EXTEND ADDITIONAL CREDIT AT ANY TIME.
- THE FINANCE CHARGE ON THE ACCOUNT IS COMPUTED BY ADDING THE BALANCE OUTSTANDING EACH DAY IN THE BILLING PERIOD DIVIDED BY THE NUMBER OF DAYS IN THAT PERIOD. THE BALANCE OUTSTANDING EACH DAY IS DETERMINED BY ADDING ANY PURCHASES AND CHARGES AND SUBTRACTING PAYMENTS AND CREDITS FROM THE BALANCE OUTSTANDING. THE MINIMUM CHARGE IS \$0.50 PER MONTH. INTEREST MAY BE COMPOUNDED AT OUR DISCRETION IF PERMITTED BY LAW.
- PAYMENTS SHALL BE APPLIED FIRST TO THE UNPAID **FINANCE CHARGE**, THEN TO THE REMAINING OUTSTANDING BALANCE.
- IN THE EVENT THAT COLLECTION PROCEEDINGS ARE INSTITUTED TO COLLECT ANY BALANCE DUE, YOU AGREE TO PAY ALL COLLECTION COSTS, INCLUDING ATTORNEYS' FEES, LEGAL EXPENSES AND OTHER COSTS AND EXPENSES TO COLLECT ANY DEBT OR ENFORCE ANY RIGHT UNDER THIS AGREEMENT.
- IF APPLYING FOR A JOINT ACCOUNT, YOU EACH AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT AND SHALL BE JOINTLY AND SEVERALLY LIABLE FOR PAYMENT OF ALL PURCHASES MADE UNDER THIS AGREEMENT.
- IF YOU: (A) FAIL TO MAKE A PAYMENT WHEN DUE; (B) BREACH ANY OBLIGATION UNDER THIS AGREEMENT; (C) MAKE ANY FALSE STATEMENTS TO US; OR (D) FURNISH ANY FALSE OR MISLEADING INFORMATION, WE MAY SUSPEND AT OUR OPTION; LIMIT, SUSPEND OR CANCEL YOUR ACCOUNT; ACCEPT LATE OR PARTIAL PAYMENTS WITHOUT LOSING ANY RIGHTS; REQUIRE THE IMMEDIATE PAYMENT OF THE OUTSTANDING BALANCE, INCLUDING FINANCE CHARGES AND OTHER FEES; OR TAKE ANY OTHER ACTION PERMITTED BY LAW. TERMINATION DOES NOT AFFECT YOUR OBLIGATION TO PAY YOUR EXISTING BALANCE.
- TO THE EXTENT PERMITTED BY LAW, IF ANY CHECK OR OTHER PAYMENT YOU PRESENT TO US IS RETURNED UNPAID, YOU MAY BE ASSESSED A DISHONORED PAYMENT FEE UNDER THIS AGREEMENT.
- WE MAY CHANGE THE TERMS OF THIS AGREEMENT AT ANY TIME AND WILL NOTIFY YOU IN ADVANCE OF THE CHANGES IN WRITING. YOUR CONTINUED USE OF THE ACCOUNT WILL INDICATE YOUR ACCEPTANCE OF ANY CHANGE.
- WE MAY FROM TIME TO TIME REQUEST INFORMATION FOR THE PURPOSE OF CONDUCTING A CREDIT REVIEW FOR INSURING PAYMENT, AND YOU AGREE TO FURNISH INFORMATION REQUESTED BY US WITHIN A REASONABLE PERIOD. FURTHER, YOU AUTHORIZE US TO INVESTIGATE YOUR CREDIT RECORD, AND YOU UNDERSTAND WE MAY OBTAIN A CREDIT REPORT. YOU AUTHORIZE US TO FURNISH INFORMATION ABOUT YOUR ACCOUNT TO CREDIT REPORTING AGENCIES AND OTHERS WHO LAWFULLY MAY RECEIVE IT. FURTHER, WE ARE AUTHORIZED TO CHECK YOUR CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH US. YOU ALSO AUTHORIZE YOUR BANK/LENDING INSTITUTION TO PROVIDE A CREDIT REFERENCE AND YOUR CURRENT FINANCIAL STATEMENT TO US. IF REQUIRED, A PHOTOCOPY OF THIS CREDIT APPLICATION IS AUTHORIZATION FOR THE BANK AND TRADE REFERENCES TO PROVIDE NECESSARY CREDIT INFORMATION.
- WE ARE NOT BOUND BY ANY NOTATION OF "PAID IN FULL" THAT ACCOMPANIES ANY PAYMENT IF THE PAYMENT IS NOT FOR THE TOTAL OUTSTANDING AMOUNT.
- YOU AGREE TO NOTIFY US IMMEDIATELY OF ANY QUESTIONS ABOUT A STATEMENT OR CHANGE IN ADDRESS.
- NO DELAY OR OMISSION TO EXERCISE RIGHTS WILL IMPAIR ANY SUCH RIGHTS OR WILL BE A WAIVER OF ANY DEFAULT OR RIGHTS.
- FACSIMILE OR ELECTRONIC COPIES OF SIGNATURES SHALL BE DEEMED ORIGINAL SIGNATURES FOR ALL PURPOSES RELATED TO THE AGREEMENT.
- WE ARE AUTHORIZED TO FILE AN AGRICULTURAL LIEN AS ALLOWABLE BY STATE LAW.
- UNTIL NOTIFIED IN WRITING TO THE CONTRARY BY THE PATRON, CHS MAY ASSUME THAT THE PATRON'S SPOUSE, CHILDREN OVER THE AGE OF SIXTEEN YEARS, AND EMPLOYEE'S IF ANY, ARE AUTHORIZED TO PURCHASE GOODS OR SERVICES AND CHARGE THEM TO THE PATRON'S ACCOUNT.
- TO THE EXTENT PERMITTED BY APPLICABLE LAW, THIS APPLICATION AND ALL RELATED INSTRUMENTS AND DOCUMENTS SHALL BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF MINNESOTA (WITHOUT REGARD TO THE CONFLICT OF LAWS PROVISIONS THEREOF). APPLICANT IRREVOCABLY AND UNCONDITIONALLY (1) AGREES THAT IT IS AND SHALL CONTINUE TO BE SUBJECT TO THE JURISDICTION OF THE STATE COURTS OF THE STATE OF MINNESOTA; AND (2) CONSENTS AND SUBMITS TO THE EXCLUSIVE JURISDICTION OF ANY STATE COURT LOCATED IN THE STATE OF MINNESOTA, AND WAIVES ANY OBJECTION RELATED THERETO, FOR ANY ACTION, LITIGATION OR PROCEEDING OF ANY KIND WHATSOEVER IN ANY WAY ARISING FROM OR RELATING TO THIS APPLICATION, APPLICANT'S ACCOUNT OR ANY INSTRUMENTS OR DOCUMENTS RELATED THERETO.
- TO UNDERSTAND HOW AND WHY WE USE YOUR PERSONAL INFORMATION, PLEASE SEE: <https://www.chsinc.com/privacy> .CHS INC. CONSIDERS THIS RESTRICTED INFORMATION.

# CHS Inc. Counterparty Electronic Funds Transfer (EFTs) Disbursements Authorization Form



The named company/individual acknowledges and agrees that the terms and conditions of all agreements with CHS and its subsidiaries concerning the method and timing of payments for goods and services shall be amended as provided herein. The named company/individual further acknowledges and agrees that the method of payments of any and all other amount(s) due and owing by CHS including, but not limited to, payments of patronage and/or equity/patronage redemption may be made in the same manner. Payment will be delivered via electronic funds transfer to the bank account noted below. The named company/individual will give thirty (30) days advance notice in writing to CHS for any changes in its depository institution or other payment instructions. To help us ensure accuracy, please provide the following if available: For checking accounts, provide a voided or clear copy of check, for savings accounts, provide savings deposit slip or a clear copy.

**All fields marked with an asterisk (\*) are required.**

*Areas in Orange CHS Internal Use*

## Payee Information:

Disbursement Type:  ACH  Wire Transfers

Request Type:  New Setup  Change Request

\*Payee Legal Name:

\*CHS Vendor Number:  
(Located on Payment Remittance)

\*Mailing Address:

\*City, State, ZIP:

\*Phone: ( )

\*Email Address  
(for payment notifications):

(Payment notifications will be sent from to the email address provided above)

## Accounts Receivable Information (if applicable):

Contact Name:

Phone (if different than above): ( )

Email (if different than above):

## EFT Disbursement/Payment Information:

**Note:** ACH payments to Canadian financial institutions will be made in Canadian Dollars (CAD).

\*Bank Country

\*Bank Name:

\*Bank ABA Routing Number  
or SWIFT/BIC:

Bank IBAN, if applicable:

\*Bank Account Number:

Savings Account:

## Intermediary Bank Information if Applicable (Wire Transfers):

\*Bank Country:

\*Bank Name:

\*Bank ABA Routing Number  
or SWIFT/BIC:

## Authorization:

\*Authorized Person:

(Print Name)

\*Signature (required):

\*Date:

\*\* Please expect a phone call from CHS to verbally verify your account information. Requests will be processed within 30 days once verification of account information is completed. \*\*

**Submit the completed form via email or fax. If you have questions about this form, please call at**

**Email:**

**Fax:**

**Below Is For Internal Use Only: Bank Information Validation**

It is the responsibility of the group requesting the EFT to validate all banking information. Validation should be clearly documented below. The individual receiving the request for new or changing banking information must be separate from the individual performing the validation. Please see the CHS Global Electronic Funds Transfer Disbursements Policy for further guidance.

**Form Received By:**

Validation Performed By:

Date Validation Performed:

Name of Individual Contacted

Phone Number Called – Do not use the contact information provided on request form unless verified against internal data or through other means (e.g. internet search). If phone number above is used please document verification method used to confirm accuracy.

Prior banking information validated if change and available?

Yes    No    N/A

New/Changed Bank Account Number

New/Changed Bank Account Routing Number

New/Changed Bank Name



Save time and money.

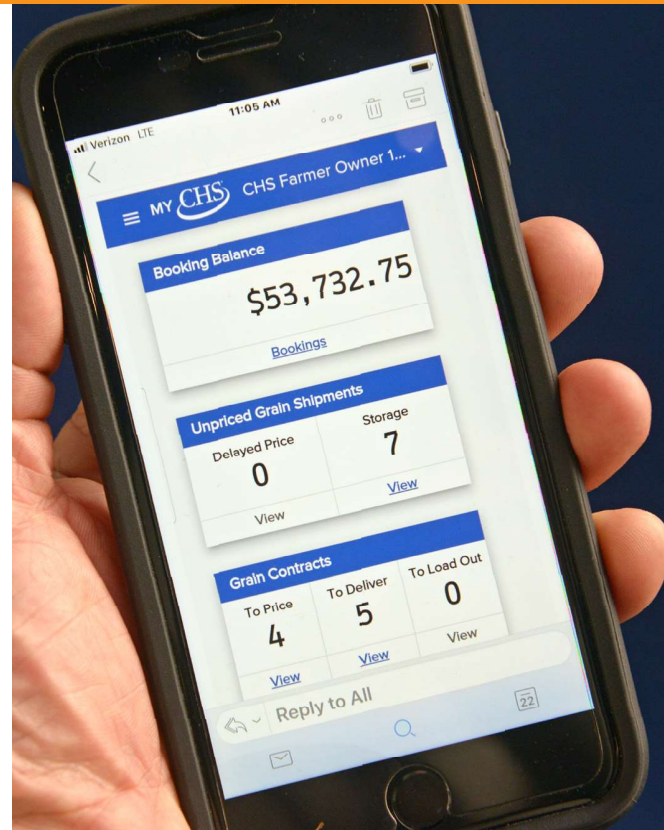


# Go Digital!

MyCHS is your online and mobile connection to empower your business... anytime, anywhere.

**MyCHS is your connection to empower your business and do so much more.**

- Review your prepay balances
- Quickly view your year-end grain totals
- Check remaining amounts on open contracts and bookings
- Easily track invoices and their payment
- Simply access and share key documents with your accountant or other key people
- Don't wait for the mail, easily access settlement and payment details
- Pay your balance online



## REGISTER TODAY!

Simply scan this code to get started.



[registration.chsinc.com](https://registration.chsinc.com)

## LOGIN TO MyCHS

You must be a registered user and then simply scan the code.



[mychs.chsinc.com](https://mychs.chsinc.com)