

Northern Star Cooperative Services

P.O. Box 458, Deer River, MN 56636

Credit Application and Agreement

Last Name or DBA _____ First _____ Init _____ Tax I.D. EIN or SSN _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip Code _____ E-Mail Address _____

At Present Address _____ Home/Bus Phone _____ Cell Phone _____

Years _____ Months _____ Own _____ Rent _____

Present Employer Name _____ Position _____ Years _____ Monthly Income _____

Business Address _____ City _____ State _____ Zip Code _____ Business Phone _____

Co-Applicant Last Name _____ First _____ Init _____ Tax I.D. EIN or SSN _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip Code _____ Home/Bus Phone _____ Cell Phone _____

Co-Applicant Employer Name _____ Position _____ Years _____ Monthly Income _____

Business Address _____ City _____ State _____ Zip Code _____ Business Phone _____

Has applicant or co-applicant filed for bankruptcy protection with the past 7 years? Yes _____ No _____

If yes, provide date and location of filing: _____

Credit/Trade References

Name _____ Address _____ Phone _____ Balance Due _____

Check Department(s) for which you are applying for credit: Propane _____ Fuel Oil _____ Grocery _____ C-Store _____ All _____

If applying for Propane or Fuel Oil Service List Service Address: _____

Nearest Relative not living with the Applicant _____ Address _____ Telephone _____

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills in accordance with the Northern Star Cooperative Services credit policy upon receipt of my Statement or as otherwise Expressly agreed. By signing this document I authorize the person or firms to whom this application is made to Investigate the reference herein listed from any other person. I further acknowledge that I have read, understand and Agree to the terms and conditions of credit listed in the Northern Star Cooperative Services Credit Policy.

Signature of Applicant

Date

Signature of Co-Applicant

Date

OFFICE USE ONLY

DATE: _____ REMARKS: _____

DR

PR

HC

NH

LP

BK

WK

RM

**Individual Consent and Certification of
Taxpayer I.D. Number**
(This form must be completed to be eligible for patronage dividends)

Printed Name As Shown On Account

Taxpayer I.D., EIN, or Social Security Number

Mailing Address

Telephone Number

City

State

Zip

Date of Birth

I hereby consent to include in my gross income, as now hereby provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from Northern Star Cooperative Services, Deer River, MN, with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This consent shall be revocable by me at any time as long as the revocation is provided in writing.

Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer I.D. Number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding.

Certification Instructions - You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return.

However, if after being notified by the IRS that you are subject to backup withholding, you receive another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2),

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.



Signature (required to be eligible for patronage dividends)

Date

Personal Guarantee

(To be completed by all applicants except individuals)

Each of the undersigned guarantees full payment of all present and future indebtedness of the applicant. This guarantee is open and continuous and is given to induce Northern Star Cooperative Services, hereafter "The Cooperative" to extend credit to the applicant. This personal guarantee shall remain effective until revoked by the undersigned by notice in writing to The Cooperative. However, such a revocation shall be effective only as to amounts due which arise out of new contracts or transactions entered into more than 30 days after receipt of notice by The Cooperative. Such notice must be given by certified mail to The Cooperative. At any time The Cooperative 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 guarantee. Each guarantor waives presentment, demand, protests, and notice of any kind. If 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, The Cooperative 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 Northern Star Cooperative Services, P.O. Box 458, Deer River, MN 56636. Each guarantor hereby consents to the jurisdiction of the Court of the State of Minnesota, County of Itasca, and the U.S. District for the District of Minnesota.

Guarantor Name and Title

Guarantor Name and Title

Guarantor Social Security Number

Guarantor Social Security Number





Guarantor Signature

Date

Guarantor Signature

Date