

**FARMERS UNION OIL COMPANY  
CIRCLE/TERRY, MT**

**CREDIT POLICY**

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FARMERS UNION OIL COMPANY

1. ALL CHARGES ARE PROCESSED THROUGH FARM PLAN.
2. BULK DELIVERIES OF GAS, DIESEL OR PROPANE
  - A. FIVE (5) CENTS PER GALLON DISCOUNT IF PAID WITHIN TEN (10) DAYS OF DELIVERY.
  - B. AFTER TEN DAYS, CHARGE PRICE IS SENT TO FARM PLAN.
3. BULK DELIVERIES OF FERTILIZER.
  - A. FIVE (5) PERCENT DISCOUNT FOR FERTILIZER IF PAID WITHIN (10) DAYS OF DELIVERY.
  - B. AFTER TEN DAYS, CHARGE PRICE IS SENT TO FARM PLAN.
4. A THREE (3) PERCENT DISCOUNT IS GIVEN ON CASH PAID IN ADVANCE ON ACCOUNT.
5. AN ANNUAL FINANCE CHARGE OF 18% WILL BE ADDED TO ANY PAST DUE INVOICES.

Disclosure of the following information is voluntary. However, failure to disclose related information could result in rejection of credit with our company.

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION #: \_\_\_\_\_

FINANCE BANK: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

BUSINESS REFERENCES- Please name most currently used provider.

1. BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

2. BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

3. BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

All information on this form is correct to the best of my knowledge. I fully understand your credit terms and agree to payment as stated in the credit policy.

My signature also authorizes the Farmers Union Oil Company to contact these businesses to acquire what ever information they deem necessary to make a decision about extending credit to me or my company.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

Credit has been (extended/rejected) to the above applicant by using the enclosed information by authority of the:

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

FARMERS UNION OIL COMPANY  
PO BOX 460  
906 A AVENUE  
CIRCLE, MT 59215  
TELEPHONE CIRCLE: 406-485-3475  
FAX: 406-485-2596

TELEPHONE TERRY: 406-635-5476  
FAX: 406-635-5321