



Type of account: **PERSONAL LP LEASE FARM/RANCH**

APPLICANT (Please print)		Return to Amanda in Sturgis, fax 605.720.2951	
Name	Address	Previous Address	City/State/Zip
City/State/Zip	Phone	How long at this address?	Social security number
How long at this address?	Do you own or rent?	Date of Birth	Products to use: Fuel Gas Propane Other
Occupation	Present Employer	Tank Size	Tank: LEASE/RENT or OWN
Address	Phone	Max amount of credit applying for	P NP
Monthly income		Consent Card Y N	Gas check performed?
		Date performed	

SPOUSE/JOINT APPLICANT (Please print)	
Name	Occupation
Address if different	Present Employer
City/State/Zip	Monthly income
Phone	Social security number
	Date of Birth

CREDIT REFERENCES (use additional paper if necessary)		
BANK (Checking)	ADDRESS/ PHONE #	ACCOUNT #
CREDITOR	ADDRESS	PHONE #
CREDITOR	ADDRESS	PHONE #
CREDITOR	ADDRESS	PHONE #

PLEASE SIGN & DATE REVERSE SIDE

CBH CO-OP				
Mailing addresses:				
742 Jennings Ave. Hot Springs 57747 605-745-5215	2311-5 th Ave/719 Roundup Belle Fourche 57717 605-892-2661/605-892-2940	PO Box 10 Union Center 57787 605-985-5253	2020 Lazelle St. Sturgis 57785 605-347-2351	1750 E. Centre St. Rapid City 57703 605-342-4964



Dear Patrons,

Your Board of Directors has adopted a credit policy which is applicable to those patrons for whom credit has been approved. It is effective June 1, 2010.

This disclosure notice is being delivered to you so that your cooperative will be in compliance with the Truth-in-Lending Act. This will enable us to manage your cooperative more economically and efficiently for the benefit of all of our patrons.

I AGREE THAT THE FOLLOWING TERMS WILL GOVERN ANY PURCHASES CHARGED TO MY ACCOUNT WITH CBH CO-OP:

1. I WILL PAY THE ENTIRE BALANCE SHOWING WITHIN 30 DAYS OF THE BILLING DATE, AND I UNDERSTAND THAT IF ANY PORTION OF MY BALANCE REMAINS UNPAID FOR MORE THAN 60 DAYS, I WILL BE PLACED ON A CASH BASIS UNTIL THE AMOUNT IS PAID IN FULL.
2. I UNDERSTAND THAT A FINANCE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) WILL BE APPLIED TO THAT PART OF ANY BALANCE THAT RESULTED FROM PURCHASES MADE DURING A CALENDAR MONTH BUT WAS NOT PAID BEFORE THE LAST DAY OF THE FOLLOWING MONTH.
3. PAYMENTS WILL BE APPLIED FIRST TO THE OLDEST OUTSTANDING BALANCE.
4. IN THE EVENT THAT COLLECTION PROCEEDINGS MUST BE INSTITUTED TO COLLECT ANY BALANCE DUE, I WILL BE SUBJECT TO ADDITIONAL COURT COSTS AND ALL ATTORNEY FEES.
5. CBH CO-OP HAS THE RIGHT TO AMEND THE TERMS AND CONDITIONS OF THIS AGREEMENT BY ADVISING ME OF THEIR INTENTIONS TO DO SO IN A MANNER AND TO THE EXTENT REQUIRED BY APPLICABLE LAW.
6. IF APPLYING FOR A JOINT ACCOUNT, BOTH OF US AGREES TO BE BOUND BY THE TERMS OF THIS AGREEMENT AND EACH OF US AGREE TO BE JOINTLY AND SEVERALLY LIABLE FOR PAYMENT OF ALL PURCHASES.
7. CBH CO-OP WILL HAVE THE RIGHT TO LIMIT OR TERMINATE MY CHARGE ACCOUNT, BUT TERMINATION WILL NOT AFFECT MY OBLIGATION TO PAY AN EXISTING BALANCE. CBH CO-OP MAY AT THEIR OPTION DECLARE THE ENTIRE BALANCE DUE AND PAYABLE.

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT CBH CO-OP WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE HEREBY AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.

APPLICANT SIGNATURE

DATE

JOINT APPLICANT SIGNATURE DATE