



Type of account:

**PERSONAL**

**LP LEASE**

**FARM/RANCH**

<b>APPLICANT (Please print)</b> Name  Address City/State/Zip Phone  How long at this address? Do you own or rent?	Previous Address City/State/Zip  Social security number Date of Birth  Email address  Products to use: Fuel Gas Propane Other
Occupation Present Employer Address Phone  Monthly income	Tank Size LEASE/RENT or OWN Max amount of credit applying for Producer / Non-Producer Consent Card Y / N Propane Gas check performed Y / N Date performed
<b>SPOUSE/JOINT APPLICANT (Please print)</b> Name  Address if different City/State/Zip Phone	Occupation Present Employer Monthly income  Social security number Date of Birth
<b>CREDIT REFERENCES</b>  BANK (Checking)  CREDITOR  CREDITOR  CREDITOR	<b>(use additional paper if necessary)</b>  ADDRESS/ PHONE #  ADDRESS/ PHONE #  ADDRESS/ PHONE #  ADDRESS/ PHONE #

**PLEASE SIGN & DATE REVERSE SIDE**

CBH CO-OP Credit Manager	Mailing addresses:		Phone numbers:
Dawn Brengle dbrengle@cbhcoop.com Jacob Williamson jwilliamson@cbhcoop.com	1206 S. Douglas Hwy 2030 Main Street	Gillette WY 82716 Sturgis SD 57785	307-682-4468 605-720-2946



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 30, 2020.

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 pay additional collection fees, court costs and all attorney fees.
5. If any action is brought for enforcement of this application and/or guarantee, the proper venue shall be Meade County, South Dakota (if applicant resides in South Dakota), or Campbell County, Wyoming (if applicant resides in Wyoming), regardless of the residence of the applicant.
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 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.
8. 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.
9. A cell phone number or an email address on this application means you are hereby giving CBH CO-OP or assignee the permission to call or text that phone or send an email.
10. Your Cooperative, pursuant to its Articles of Incorporation and By-Laws has the security interest of a first lien on the capital stock or equities of the Cooperative held by any patron for any debt by that person that is deemed otherwise uncollectible by the Board of Directors.
11. To secure full payment and performance of all of my obligations and the entire indebtedness under my accounts, you (CBH CO-OP) are hereby granted a security interest under the Uniform Commercial Code in and to all merchandise purchased with my accounts with CBH CO-OP.
12. Fuel and propane accounts will be removed from route delivery service (you, the patron, will be required to monitor your tank) if the account exceeds 60 days.

**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. CBH CO-OP IS HEREBY AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.**

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APPLICANT SIGNATURE

DATE

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JOINT APPLICANT SIGNATURE

DATE