

North Star Coop

Cavalier-Neche-Park River

P O Box 689
Cavalier, ND 58220

(701) 265-3373
Fax: (701) 265-3375

P O Box K
Park River, ND 58270

(701) 284-7161
Fax: (701) 284-7172

ACCOUNT INFORMATION: <__> Individual <__> Joint <__> Business

TYPE OF CREDIT ACCOUNT APPLYING FOR (CHECK ALL THAT APPLY) Please list expected gallons per fill.

_____ Local Cardrol (__ # of cards needed) _____ Gals. _____ Agronomy Products _____ Regional Card
_____ Propane _____ Gals. _____ Bulk Fuel _____ Gals. _____ Shop Work
_____ Heating Oil _____ Gals. _____ Station Purchases _____ Other

Name _____ Soc. Sec. No. _____
Mailing Address _____ Date of Birth _____
City, State, & Zip _____ Phone # _____
Cell Phone # _____ Fax # _____
Yrs. at this address _____ <__> Own <__> Rent <__> Apt <__>Live w/parents

Present Employer Name _____
Mailing Address _____ Phone # _____
City, State, & Zip _____ How long _____
Position _____ Income _____ <__> Weekly <__>Monthly <__>Yearly

Nearest Relative not living with you _____
Mailing Address _____ Relationship _____
City, State, & Zip _____ Phone # _____

New Residents Only:

Previous Address _____ # of Dependants _____
City, State, & Zip _____ How long _____

JOINT ACCOUNT INFORMATION

Name _____ Soc. Sec. No. _____
Mailing Address _____ Date of Birth _____
Present Employer Name _____
Mailing Address _____ Phone # _____
City, State, & Zip _____ How long _____
Position _____ Income _____ <__> Weekly <__>Monthly <__>Yearly

CREDIT REFERENCES – List Two Business References

Name _____ Phone # _____
Name _____ Phone # _____

The information stated in this application is true and correct to the best of my knowledge. I understand you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer any questions about your credit experience with me.

Due to an increase in our processing fees, we will be charging a \$25.00 non-refundable processing fee. Please remit your \$25.00 fee with your application. Thank You

Applicants Signature _____ Date _____ Joint Applicants Signature _____ Date _____

FOR OFFICE USE ONLY:

ACCOUNT # _____ **CREDIT LIMIT \$** _____