



1775 4th St. Fennimore, WI 53809
 Phone 608-822-3217 or 1-800-321-2128
 Email: newhorizons@tds.net

CUSTOMER ACCOUNT INFORMATION

ACCOUNT UPDATE NEW ACCOUNT

Products expected to purchase: <input type="checkbox"/> FUEL OIL/ HOME HEAT <input type="checkbox"/> DIESEL <input type="checkbox"/> LUBE/OIL <input type="checkbox"/> GASOLINE <input type="checkbox"/> CARDTROL CARDS <input type="checkbox"/> PROPANE <input type="checkbox"/> CONVENIENCE STORE GAS/DIESEL	Pump 24 Cards 24 Hr.Gas/Diesel Card at 8 locations: Boscobel, Boscobel BP, Blue River, Gays Mills, Fennimore, Lancaster, Darlington, and Patch Grove. Would you like Pump 24 Card? ____ How many cards would you like? _____ Whose names on cards? _____
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APPLICATION DATE:		NAME: LAST		FIRST		M.I.	
SOCIAL SECURITY NUMBER		DATE OF BIRTH		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED/DIVORCED SPOUSE'S NAME _____			
HOME PHONE		CELL PHONE		EMAIL ADDRESS			
DO YOU OWN OR RENT YOUR HOME? <input type="checkbox"/> OWN <input type="checkbox"/> RENT							
CURRENT MAILING ADDRESS			CITY	STATE	ZIP CODE	YEARS AT PRESENT ADDRESS	
PREVIOUS MAILING ADDRESS			CITY	STATE	ZIP CODE	YEARS THERE	DEPENDANTS (INCLUDE YOURSELF)
SERVICED PROPERTY							
ADDRESS WHERE SERVICE IS REQUESTED				IS THE SERVICED PROPERTY YOUR			
				PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU OWN OR RENT THE SERVICED PROPERTY? <input type="checkbox"/> OWN <input type="checkbox"/> RENT				WHEN DID YOU OCCUPY THIS PROPERTY?			
EMPLOYMENT							
PRESENT EMPLOYER		YEARS THERE	POSITION (IF SELF EMPLOYED - NATURE OF BUSINESS)			MONTHLY INCOME (OPTIONAL) (DO NOT INCLUDE SPOUSE INCOME) \$	
ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE		

SPOUSE/COAPPLICANT COMPLETE THIS PART ONLY IF: (1) Another person will use the account. Such person must also sign the application and will be jointly obligated on the account. OR (2) You are relying on income derived from a spouse/former spouse including child support, alimony, or maintenance for repayment of the account.

NAME: LAST		FIRST	M.I.	SOCIAL SECURITY NUMBER		DATE OF BIRTH	PHONE NUMBER
EMPLOYER NAME AND ADDRESS				YEARS EMPLOYED/POSITION		MONTHLY INCOME	

REFERENCES		
NEAREST RELATIVE	ADDRESS	PHONE
PREVIOUS SUPPLIER	ADDRESS	PHONE

Notice For married Wisconsin residents: Wisconsin law provides that no agreement, unilateral statement, or court decree relating to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement, or decree, or has actual knowledge of the adverse provision. You must indicate the name of your spouse in the co-applicant/spouse section of this application.

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I also reaffirm the above consent relative to allocation of patronage refunds for tax purposes. I give New Horizons Supply Cooperative permission to request and receive financial information on my accounts and accept the terms of the credit agreement and disclosure notice on page two.

APPLICANT'S SIGNATURE		DATE	CO-APPLICANT/SPOUSE		DATE
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Initial the upper right-hand corner of this page after you read the Consent Notice and Charge Agreement below

CONSENT NOTICE

The undersigned does hereby consent to take any qualified written notices of allocations of patronage refunds issued by New Horizons Supply Cooperative with respect to all patronage of the undersigned distribute with the association occurring during the current and all subsequent taxable years of the association, into account at their stated dollar amounts, for income tax purposes, in the year in which any such qualified written notices of allocations are received by the undersigned.

If your purchases from New Horizons Supply Cooperative are only personal items for you and your family, you do not have to include your refund in your reported income.

But if you are a farmer or businessperson who purchases goods and services from New Horizons Supply Cooperative used to operate your farm or business, and if you have taken these purchases as a business expense on your tax return, then you need to include the cooperative refund as income.

CHARGE ACCOUNT AGREEMENT

1. I will pay cash price (including taxes) of goods charged to my accounts together with applicable Finance Charge.
2. Account charges made in any one month are **DUE AND PAYABLE IN FULL** by the last day of the following month.
3. I understand that **A FINANCE CHARGE OF 1.5% MONTHLY**, which is an (**ANNUAL PERCENTAGE RATE OF 18%**) will be applied to that part of any balance that resulted from purchases made during a calendar month, but not paid before the last day of the following month plus any previous balance less any payments or credits. Any payments or credits will be applied to the oldest amount owed. All purchases must be paid for within 60 days of when the charges first appeared on your periodic statement. After this 60-day period no further credit will be issued until payments have been received to bring this account within the terms and the credit department has reviewed the account. Discontinuance of credit may be made by the company at any time deemed necessary regardless of any other terms.
4. I will pay official fees, statutory attorney fees, and to the extent not prohibited by law any expenses incurred in taking possession, holding, preparing for disposition, and disposing of collateral.
5. You have the right to amend the terms and conditions of this agreement by advising me of your 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 agree to be bound by the terms of this agreement and each of us agree to be jointly and severally for payment.
7. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. If I have not paid the amounts billed by two occasions with a 12-month period and fail to cure the default within 15 days after you send me written default notice in accordance with applicable law, you may declare the entire balance due and payable. Your waiver of any default shall not operate as a waiver of any other default.
8. **PUMP 24.** Billing will be done on your regular monthly statement. Our credit policy will be enforced. If your account exceeds 60 days, your card will be **LOCKED OUT** and you will not be able to pump gas.
9. **SCHEDULED ROUTE DELIVERY** fuel accounts will be removed from route delivery service (you will be required to monitor your tank) if the account exceeds 60 days.
10. **SECURITY INTEREST.** To secure full payment and performance of all my obligations and the entire indebtedness under my accounts, you (New Horizons Supply Cooperative) are hereby granted a security interest under the Uniform Commercial Code in and to all merchandise purchased with my accounts with New Horizons Supply Cooperative.
11. 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.