



Attn: Kari Bunn

Accounts Payable

5415 136th Ave SE

Enderlin, ND

Phone #: 701-437-2929

Fax #: 701-437-2907

CREDIT APPLICATION-INDIVIDUAL

CREDIT RELEASE DATE: _____

AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes the Credit Department of Plains Grain and Agronomy, LLC of Enderlin, N.D. to obtain information to accounts of deposit, credit obligations and all other matters which they may require in connection with my (our) request for establishing credit limit.

This form MAY BE REPRODUCED AND THAT COPY SHALL BE EFFECTIVE AS THE ORIGINAL AUTHORIZATION which I (we) have signed.

All information obtained will be held in strict confidence.

Company/Individual Name: _____

Signed: _____

Address: _____

City/State/Zip: _____

S.S. Number or Tax ID: _____ D.O.B. _____

Customer Phone #: _____

Credit References: _____ Phone/Fax: _____

Credit References: _____ Phone/Fax: _____

*****THIS FORM MUST BE SIGNED AND RETURNED BEFORE AN ACCOUNT CAN BE OPENED*****