



NORTH STAR COOP

P.O. Box 689
Cavalier, ND 58220

Phone 701.265.3373 | www.northstarcoop.com | Fax 701.265.3375

ACCOUNT INFORMATION

Individual Joint Business

Type of Credit Account Applying For (Check All That Apply) Please list expected gallons per fill.

- | | | |
|----------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Local Cardrol (___ # of cards needed)_____ Gals. | <input type="checkbox"/> Agronomy Products | <input type="checkbox"/> Regional Card |
| <input type="checkbox"/> Propane_____ Gals. | <input type="checkbox"/> Bulk Fuel_____ Gals. | <input type="checkbox"/> Shop Work |
| <input type="checkbox"/> Heating Oil_____ Gals. | <input type="checkbox"/> Station Purchases | <input type="checkbox"/> Other |

Name _____ Social Security Number _____
 Mailing Address _____ Date of Birth _____
 City, State, & Zip _____ Phone # _____
 Cell Phone # _____ Fax # _____
 Years at this Address _____ Own Rent Apartment Live w/parents

Present Employer's Name _____
 Mailing Address _____ Phone # _____
 City, State, & Zip _____ Years Employed _____
 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 _____ Years Lived _____

JOINT ACCOUNT INFORMATION

Name _____ Social Security Number _____
 Mailing Address _____ Date of Birth _____
 Present Employer _____
 Mailing Address _____ Phone # _____
 City, State, & Zip _____ Years Employed _____
 Position _____ Income _____ Weekly Monthly Yearly

BANK NAME _____ Checking Savings Loan
 Address _____ Account # _____

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.

Please submit completed application along with a \$25 non-refundable processing fee.

Applicants Signature _____ Date _____ Joint Applicants Signature _____ Date _____

FOR OFFICE USE ONLY:

ACCOUNT # _____ CREDIT LIMIT \$ _____