



MOUNTAIN WEST COOPERATIVE 4-H/FFA Feed Financing Program

▶ ***NO INTEREST ACCOUNT***

▶ ***KEEP TRACK OF PURCHASES***

▶ ***PAY AFTER YOU RECEIVE YOUR SALE CHECK***

◆ *Applies to MWC Feed products only for enrolled Market Animal projects listed below. Only the categories listed below will be eligible. The maximum amount of feed to be financed will be based upon the dollar amount set below:*

Market Lamb:	\$400.00 Credit Limit
Market Beef:	\$1,000.00 Credit Limit
Market Hog:	\$500.00 Credit Limit

◆ *No interest financing!*

◆ *Financing is allowed for only ONE market animal per category listed above per person. Club or FFA leader must certify that animals are enrolled in program.*

◆ *Account qualification will be based upon the Parent/Guardian credit. All accounts must meet current MWC credit requirements. However, the account will be in the 4-H or FFA member's name.*

◆ ***Parent/guardian will accept full liability for payment of account.***

◆ *Accounts must be paid in full on or before November 25 of the current 4-H year.*



MOUNTAIN WEST COOPERATIVE

A Division of CHS Inc.

4H/FFA CREDIT APPLICATION



4570 North Reserve Street, Missoula, MT 59808

Phone: 406.543.8383

FAX: 406.549.5195

Locations at Missoula, Ronan, & Drummond

4-H/FFA Member Information: Applicant			
FIRST	MIDDLE	LAST	
Name:			
Mailing Address:			Date of Birth:
Physical Address:			Age:
City:		State/Zip:	
Telephone No:			
4-H/FFA Market Project(s):			Club Name:
Number	Description	Type of Feed Needed:	County:
			Club/FFA Leader's Name:
			Club/FFA Leader's Signature:
*As Club Leader, my signature certifies that this member is currently enrolled in the Market Animal projects listed on this Application.			

Parental/Guardian Information: Applicant & Liable Party			
FIRST	MIDDLE	LAST	E-Mail Address:
Name:			
Mailing Address:			Date of Birth:
Physical Address:			Social Security No:
City:		State/Zip:	
Telephone No:			Marital Status:
Cell Phone No:			No. of Dependents:
Present Employer:			Position: How Long?
Address:			
City:		State/Zip:	
Previous Employer:			Position: How Long?

Bank References:			
Type of Account:	Bank Name:	Address:	Account Number:
Checking Account			
Savings Account			

By signature herein, Applicant(s) authorized the release of all Bank & Trade information to Mountain West Cooperative, a division of CHS Inc.

Terms & Conditions:
<p>I (we) understand that feed charged is only to be used for Market Animals enrolled in the current year 4-H/FFA program that I (we) intend to sell at this year's County Fair Market Sale. I (we) understand that CHS Inc. has placed a maximum limit on feed per animal that may be charged to this account. Unless otherwise agreed to in writing, I (we) understand that this account is DUE IN FULL no later than November 25 of the current 4H year. I (we) agree to pay the entire balance owing on the account by the due date stated above. I (we) understand that a Finance Charge of 1.50% (which is an Annual Percentage Rate of 18% per year), will be applied to that part of any balance remaining unpaid after the stated due date. Payments shall be applied first to the unpaid Finance Charge(s), then to the remaining outstanding balance. If any portion of the balance remains unpaid after the due date, I (we) understand that the account will be placed immediately with a third-party collection agency. I (we) agree that I (we) am liable for any collection agency fees, court costs, and/or attorney fees incurred in any collection action deemed necessary by CHS Inc. All legal-age parties to this Application agree to be bound by the terms of this Agreement, and each agree to be jointly & severally liable for payment of all purchases made under this Agreement. CHS Inc. shall have the right to limit or terminate this Agreement, as well as the resulting open account at any time, but such termination shall not affect my (our) obligation to pay any outstanding balance on this account. CHS Inc. may, at its option, declare the entire outstanding balance due & payable.</p>

I(we) state that all information contained herein is correct to the best of our knowledge, and hereby consent and agree to, and authorize, the use of a Credit Report at any time to evaluate credit worthiness. I(we) authorize all trade & banking institutions listed above to release requested credit information to CHS Inc. as part of this Application. I(we) understand that CHS Inc. will retain this Application whether or not it is approved. This Application does not create an obligation for CHS Inc. to supply services to us.

Terms: Balance on Account due in full by November 25 of the current 4H year

Signature of Applicant:	Printed Name	Date
Signature of Liable Party/Parent:	Printed Name	Date



MOUNTAIN WEST COOPERATIVE, a division of CHS Inc.

CONSENT TO RELEASE INFORMATION

To Whom It May Concern:

I (We) authorize all trade reference sources, banking and financial institutions, credit reporting agencies and others to release requested credit information to Mountain West Cooperative, a Division of CHS Inc., or its designee, as part of my application for an account with them. A photocopy or facsimile copy of this authorization shall be valid as the original.

BUSINESS RELEASE:

Company Name (Type or Print Clearly)	dba:
Address	City, State, Zip Code
Name of Person Authorizing Release (Print Clearly)	Title of Person Authorizing Release
Signature of Person Authorizing Release	
Telephone Contact Number for Person Authorizing Release	

INDIVIDUAL RELEASE:

Name (Type or Print Clearly)	
Address	City, State, Zip Code
Signature Authorizing Release	
Telephone Contact Number	

Privacy Policy

(Applicable only in the case of credit primarily for personal, family or household purposes)

We respect your concern about privacy, and utilize all reasonable measures to maintain the confidentiality of the information you provide. Any information provided by you to CHS Inc. ("CHS") or any of its affiliated businesses is used for internal business purposes only, and to support your relationship with CHS and any of its affiliated businesses. We value your relationship. Please take a few moments to read about how we collect, use and protect the information you provide to us, as well as how information you provide to us is shared.

This policy applies to CHS and all of its affiliated businesses.

We need to collect information in connection with establishing and maintaining your account with CHS. We also need this information so that CHS and our affiliated businesses can better support and meet your needs, and provide a superior level of service. CHS collects nonpublic personal information about you from the following sources:

1. Information we receive from you on your application and other forms you submit to us (for example, *your name, address, social security number, assets and income*)
2. Information about your transactions and account experience with CHS, our affiliated businesses, or others (for example, *your account balance, payment and purchase history*); and
3. Information we receive from a consumer-reporting agency (for example, *your creditworthiness and credit history*).

"Nonpublic personal information" is information about you that we obtain in connection with providing a financial product or service to you. It includes information of the types listed above in the examples.

We may disclose all three categories of nonpublic personal information (as described above) to CHS' affiliated businesses to which this policy applies. **We do not disclose any nonpublic personal information about you or former customers to non-affiliates, except as may be permitted or required by law.**

We may also disclose all of the information we collect as described herein to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements. To protect your privacy, we work with companies that agree to maintain confidentiality protections and limit the use of the information to the purposes stated in the agreement.

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Thank you for taking the time to read this information about privacy and your account. Please note that the examples given above, including the types of information we collect and share and how the information is intended to be used, is not exhaustive. We also reserve the right to change this privacy policy at any time and without notice. We will send one notice of our privacy policy annually to the address on the account so long as you maintain an ongoing relationship with us. You can always review our current policy by contacting us for a copy. If you have any questions regarding this notice, please contact us at the following toll-free number: **1-800-535-4470**. Thank you for your business with CHS!