



FRUITA CONSUMERS  
COOPERATIVE ASSOCIATION  
1650 Highway 6 & 50  
Fruita, CO 81521  
www.fruitacoop.com

Phone: 970-858-3667 \* Fax: 970-858-9587

## **INDIVIDUAL CREDIT APPLICATION**

Thank you for your interest in obtaining a charge account with Fruita Consumers Co-op. We are glad to be able to offer you the opportunity to obtain and open an account, where you can accrue monthly purchases and pay for them with one check on or before the 10<sup>th</sup> of the month following purchases. This is not a revolving account. We are not a lending institution and want to provide only convenience credit.

Your credit application can take up to 1 week to process. We will check your references and your bank. After all the information is gathered, it will then be forwarded to the credit committee for review.

### **ALL PAGES OF THE APPLICATION MUST BE COMPLETED.**

The Authorization of Information sheet is provided for references. Banks and credit references will only release information with this form attached. Please be sure to fill it out completely.

**Credit Terms:** Payment for full account balance is due and payable on or before the 10<sup>th</sup> day of every month. Any amount not paid within 30 days of statement date of the 25<sup>th</sup> day of the month is subject to an interest/finance charge of 1.5% per on the unpaid balance (18% annually) with the minimum charge of 50 cents.

We look forward to servicing your future needs. If you have any questions, please call (970) 858-3667.

Fruita Consumers Cooperative Association



FRUITA CONSUMERS  
COOPERATIVE ASSOCIATION  
1650 Highway 6 & 50  
Fruita, CO 81521  
www.fruitacoop.com  
Phone: 970-858-3667 \* Fax: 970-858-9587

**INDIVIDUAL CREDIT APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant/Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_

Years There: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Acres: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Yrs. There: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Expected Monthly Purchases \$: \_\_\_\_\_ For What: \_\_\_\_\_

**APPLICANT:**

Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_

DL#: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years There: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Yrs There: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

**CO-APPLICANT:**

Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_

DL#: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years There: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years There: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

Have you or co-applicant ever had an account at Fruita Co-op before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have an account with us now? \_\_\_\_\_

If yes, how long when was it established? \_\_\_\_\_

Name on the account: \_\_\_\_\_

**BANK REFERENCES:**

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**CREDIT REFERENCES:**

1. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Have you ever had a judgment against you or filed bankruptcy? \_\_\_\_\_

If yes, Please Explain: \_\_\_\_\_

**Nearest Relative not living with you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Persons allowed to charge on my account:**

_____	_____
_____	_____
_____	_____
_____	_____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not 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 understand the credit policy of Fruita Co-op whereas all statements are due and payable on the **10<sup>th</sup> of each month** following purchase. I also agree to pay a **FINANCE CHARGE** on all statement balances or unpaid portion of statement balances unpaid by the following **DUE DATE**. A finance charge will be assessed on the unpaid past due balance at a rate of 1.5% per month which is a nominal annual percentage rate of 18%. If an attorney is required for collection of any amounts owing, I will pay reasonable attorney fees and court costs as permitted by law. I further understand that Fruita Co-op has the right to limit or terminate this credit agreement without prior notice to me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



FRUITA CONSUMERS COOPERATIVE ASSOCIATION  
1650 Highway 6 & 50  
Fruita, Colorado 81521  
www.fruitacoop.com  
Phone: 970-858-3667 Fax: 970-858-9587

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, hereby authorize a release of financial information on me and / or my business as requested by the Credit Department of Fruita Consumers Co-op. Fruita Consumers Co-op will guard the confidentiality of the information and will use it in considering my application for credit or to update financial information on my account.

A photocopy of this Authorization For Release of Information shall be the same as an original for all purposes whatsoever.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date