

PO Box 2317, Bismarck ND 58502
or
219 N 20th St, Bismarck ND 58501

701-223-8707 (Phone)
 701-751-1714 (Fax)
admin@trienergycoop.com

LOCAL CHARGE APPLICATION



APPLICATION INFORMATION

Name:		
Date of birth:	SSN:	Phone
Current address		
City:	State:	ZIP Code:
Previous address:		
City:	State:	ZIP Code:
Statements emailed YES or NO		
Email Address:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	Zip Code:
Position:	Hourly or Salary (please circle)	Annual Income:

CO-APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current Address		
City:	State:	ZIP Code:
Previous Address		
City:	State:	Zip Code:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:	How long:	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly or Salary (please circle)	Annual Income

Everything I have stated in this application is correct to the best of my knowledge. Tri-Energy Cooperative is authorized to check out my/our credit history now and in the future and to answer questions about my/our credit experience with their company. This application is signed by an authorized party. The signature implies agreement with the credit policy of Tri-Energy Cooperative, including the payment of finance charges that may accrue due to late payments.

APPLICATION INFORMATION

I authorize Tri-Energy Cooperative to verify the information provided on this form.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date



ONLINE ACCOUNTING!

Pay your bill online at

www.trienergy.customerinformationportal.com/login

Tri-Energy Cooperative



Email

Password

Login

[Forgot Password?](#)

If you do not have an account, [register for a new one.](#)



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TYPE OF ACCOUNT: BUSINESS			
APPLICANT (PLEASE PRINT)			
BUSINESS		FEDERAL IDENTIFICATION	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOW LONG AT PRESET ADDRESS?		BUSINESS PHONE	
YEARS	MONTHS	()	
COMPANY CONTACT PERSON			
CONTACT'S PHONE NUMBER	HOW LONG IN BUSINESS?		REVENUE
	YEARS	MONTHS	\$
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
E-MAIL ADDRESS			
CREDIT REFERENCES (USE SEPARATE PIECE OF PAPER FOR ADDITIONAL REFERENCES)			
BANK (CHECKING)	ADDRESS		ACCOUNT NUMBER
BANK (SAVINGS)	ADDRESS		ACCOUNT NUMBER
CREDITOR	ADDRESS		ACCOUNT NUMBER
CREDITOR	ADDRESS		ACCOUNT NUMBER
CREDITOR	ADDRESS		ACCOUNT NUMBER

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

AFTER SIGNING PLEASE READ BACK BEFORE RETURNING!
PLEASE ATTACH ANY OTHER INFORMATION YOU MAY HAVE TO THIS CREDIT APPLICATION



Credit Policy

- Open account patrons will be billed monthly and your statements will be mailed on or before the tenth (10th) day of the month following.
- All Open accounts will be payable in full on the 25th day of the month following the month of the purchases.
- If payment is not received by the 25th day of the month following the mailing of the statements, credit on all products and services will be discontinued immediately.
- The Company will not be held responsible for the scheduled filling of propane if the Patron's account is past due.
- All accounts must be paid before the next delivery is made.
- All fertilizer, chemical, seed, and feed will be paid in cash.
- All sales in transport loads will be C.O.D. and non-participating.
- A finance charge of 1.5% per month, or an annual percentage rate of 18% will be charged on any amount over 30 days old.
- Management and/or the Board of Directors will determine the dollar amount of credit given to any individual or business.

Everything that I (we) have said in the application is correct to the best of my (our) knowledge. You are authorized to check my (our) credit as long as I (we) have an open account or a balance with you. I (we) acknowledge I (we) have read, understand, and received the credit policy above. I (we), hereby, accept the terms of the credit policy.

Authorized Representative Signature

Date

Authorized Representative Signature

Date



Cardholder Agreement

This agreement is made and entered into on _____, by and between Tri-Energy Cooperative and _____, account number _____, hereafter referred to as "Patron."

1. Patron understands that Tri-Energy Cooperative facilities shall be for private use by designated cardholders.
2. If Patron's card is lost or stolen, Patron must notify Tri-Energy Cooperative. Until this is done, Patron is responsible for any charges or expenditures that may occur.
3. Patron acknowledges that he/she has been instructed as to proper use of the dispensing equipment by Cooperative's manager or persons so designated by such manager for that purpose.
4. Patron agrees not to leave the dispensing equipment unattended at any time while it is being operated and to accept responsibility for controlling all sources of ignition. Patron further agrees not to dispense Class 1 liquids into containers not in compliance with state and federal laws and regulations.
5. Patron agrees to comply with the credit policy of Tri-Energy Cooperative.
6. Patron understands and agrees that any violation of the terms of this agreement shall constitute authority for Tri-Energy Cooperative to immediately, and without notice, terminate this agreement and the use of Tri-Energy Cooperatives facilities. Patron also may terminate this agreement at any time by returning the card(s) to Tri-Energy Cooperative with payment in full for all products purchased.
7. There will be no exceptions to this agreement.

Credit Approval

Patron Signature

Date



219 North 20th St.

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Bismarck, ND 58502-2317

Phone: 701-223-8707 Fax: 701-751-1714

Local Charge Card Request

Personal or Company Name: _____

Current Tri-Energy Customer Number (located at the top right side of statement)

Number of Cards Needed: _____

Signature: _____

If you have any questions feel free to call our Main Office at 701-223-8707

The new Local Charge Card will look like this.

