



219 N 20<sup>th</sup> St ● PO Box 2317 ● Bismarck, ND 58502 ● Phone: 701-223-8707

Select Type of Account:  AG Producer  Residential  Business

Select One:  Patronage Only  Personal Credit  Business Credit

**Applicant's Information:**

Marital Status:  Single  Married  Divorced  Separated

Applicant's Name: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

Business Name(if applicable): \_\_\_\_\_

Company Contact(if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_ E:mail: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If different from Applicant

**Name as you wish it to appear on account:** \_\_\_\_\_

**# Cards Requested:** \_\_\_\_\_ **Patronage Only Customers can use their phone number rather than a card!**

**Cardholder Agreement**

1. Patron understands that Cooperative facilities shall be for private use by designated cardholders.
  2. If Patron's card is lost or stolen, Patron must notify Cooperative. Until this is done, Patron is responsible for any charges or expenditures that may occur. We will need to know the number of the card to shut it down so please make sure all cards are accounted for.
  3. 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. Any product dispensed or spilled while unattended is the responsibility of the patron.
  4. Patron understands and agrees that any violation of the terms of this agreement shall constitute authority for the Cooperative to immediately, and without notice, terminate this agreement and the use of Cooperative facilities. Patron also may terminate this agreement at any time by returning the card(s) to Cooperative with payment in full for all products purchased.
  5. There will be no exceptions to this agreement.
- Patronage only, skip credit portion and sign at bottom of application.**
6. PATRON AGREES TO COMPLY WITH THE CREDIT POLICY OF THE COOPERATIVE. (Notated on page 2)
  7. The Tri-Energy Cooperative card is NOT a credit card.
  8. We CANNOT restrict your charge cards. You must speak with your family/employees about what they are allowed to charge.
  9. We WILL NOT give receipt copies. It is the responsibility of the person making the purchase to keep track of the receipt if it is needed.
  10. If a purchase is PAID AT THE PUMP the receipt will print at the pump. If the pump is out of paper the purchaser can obtain a copy from inside. We cannot provide a receipt later because the purchaser did not come in to sign a receipt.
  11. The cards are numbered. Make sure to keep track of who has which card number in case one card needs to be cancelled.



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**Personal Applicant's Only**

Applicant's Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Length of Current Employment: \_\_\_\_\_ Income: \_\_\_\_\_ Annual or Monthly

Employer's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Co-Applicant's Information:**

Co Applicant's Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Length of Current Employment: \_\_\_\_\_ Income: \_\_\_\_\_ Annual or Monthly

Employer's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Business Only:** Years in Business: \_\_\_\_\_ Revenue: \_\_\_\_\_

**Credit References (Use separate piece of paper for additional references)**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*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 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.

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

Date

Date

To comply with federal laws in reporting 1099 patronage dividends, we must also report the social security number or federal identification number of all patrons receiving dividends. If this is not reported, the internal revenue service will now assess your cooperative a \$50 penalty for each patron not having a social security number or a federal identification number. To comply with federal law and to avoid a \$50 penalty, we need the following information on file.

**INDIVIDUAL CONSENT & SUBSTITUTE W-9**

I hereby consent to include in my gross income, as how or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from Tri Energy Cooperative with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This individual consent shall be revocable by me at any time if in writing.

Pay your bill online! <https://trienergy.customerinformationportal.com/login>