

Please mail completed credit application to:  
**Rocky Mountain Supply**  
 210 Gallatin Farmers Ave.  
 Belgrade, MT 59714  
 ATTN: Credit Department  
 or  
 Email to: [credit@rmsi.coop](mailto:credit@rmsi.coop)



RMS Stores, Agronomy and Energy Locations are not authorized to accept completed credit applications for the privacy of the applicant.

Thank you for your interest in our company. Please complete this form entirely so we may have an accurate record for sales and credit purposes. Our credit terms are on this form. If you need further information, please call our office at the phone numbers listed below. This is an application for credit. There is no guarantee credit will be granted.

## BUSINESS CREDIT APPLICATION

**Business Applications must be signed by an authorized principal/officer of the business.**

FIRM NAME		PHONE	CELL	FAX	TAX ID
STREET ADDRESS - <i>Required</i>		MAILING ADDRESS			
CITY/STATE/ZIP - <i>Required</i>		CITY/STATE/ZIP			
EMAIL		TYPE OF BUSINESS			
CORPORATE PRINCIPAL / PARTNERS	SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.	PRINCIPAL / PARTNER Personal Address		Ph:
CORPORATE PRINCIPAL / PARTNERS	SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.	PRINCIPAL / PARTNER Personal Address		Ph:
LEGAL ENTITY OF FIRM <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit	YEAR BUSINESS STARTED	YR INCORPORATED	ST INCORPORATED	PURCHASE ORDER RQRD <input type="checkbox"/> Yes <input type="checkbox"/> No

## INDIVIDUAL OR JOINT APPLICATION

NAME	SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.	JOINT NAME	JOINT SS# <small>MUST HAVE SS# TO OBTAIN CREDIT</small>	D.O.B.
PHYSICAL ADDRESS - <i>Required</i>			PHONE	FAX	
MAILING ADDRESS - <i>Required</i>			CELL	ADD'L PHONE	
CITY			STATE	ZIP	
EMAIL			<input type="checkbox"/> Rent <input type="checkbox"/> Own	Years at current address	
PREVIOUS ADDRESS			Years at previous address		
OCCUPATION		EMPLOYER		Years Employed	
EMPLOYER ADDRESS			Employer Phone		

**You may setup your online account to view invoice tickets, monthly statements and the option to make your payments. Logon to [www.rmsi.coop](http://www.rmsi.coop)**

### ESTIMATED YEARLY PURCHASES

\$0 - 1,000     
  \$1,000 - 5,000     
  \$5,000 - 10,000     
  \$10,000 - 50,000     
  \$50,000 +

### BUSINESS CREDIT REFERENCES ONLY

NAME OF BUSINESS	ADDRESS	DAYTIME PHONE

### BANK REFERENCE

BANK NAME AND ADDRESS		CONTACT PERSON	PHONE
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> LOANS	ACCOUNT NUMBER(S)

**SEE BACK OF THIS FORM FOR IMPORTANT TERMS AND CONDITIONS**

Corporate Office

210 Gallatin Farmers Ave. • Belgrade, MT 59714 • **Credit Department:** (406) 813-5045 • **Administration Office:** (406) 388-4009  
**Email:** [credit@rmsi.coop](mailto:credit@rmsi.coop) • [www.rmsi.coop](http://www.rmsi.coop)

Date Received: \_\_\_\_\_

Creditor's Name: ROCKY MOUNTAIN SUPPLY, INC.

Creditor's Address: 210 Gallatin Farmers Avenue, Belgrade, MT 59714  
 Attn: Credit Department

**DISCLOSURES REQUIRED BY FEDERAL LAW AND STATE LAW**  
 Charge Accounts are subject to the following terms & conditions:

**Rocky Mountain Supply does not accept credit/debit cards as a form of payment on charge accounts.**

1. **MONTHLY CREDIT ACCOUNTS** or short term financing shall be opened after application for credit has been properly filled out, signed by the person applying for the credit and credit approved by the credit department. There will be NO EMERGENCY CREDIT allowed prior to completion of the entire procedure unless approved by the CEO.
2. Payment on approved credit accounts is due by the **20th** of each month following purchases. If statement balance is not paid in full by the 20th of each month, we will assess a **FINANCE CHARGE**.
3. The amount on which a **FINANCE CHARGE** will be imposed is the outstanding balance at the beginning of the next statement cycle, less payments or credits received **prior** to the statement date shown on the statement. The amount of the **FINANCE CHARGE** is determined by multiplying the outstanding balance by a penalty APR of one and one-half percent (1.5%) per month. The corresponding **annual percentage rate is eighteen percent (18%)**. The finance charge may be changed from time to time upon **forty-five (45) days** written notice sent to the customer's address of record shown above.
4. Once an account becomes past due (at the second monthly statement for outstanding accounts), the said accounts shall be placed on cash basis and all Cardtrol Fuel Credit Cards will be deactivated unless prior arrangements are made with the credit department.
5. It is the consumer's responsibility to reconcile said accounts. We do not reconcile consumer accounts by invoice. We reconcile by monthly statement balances only.
6. Any notice of billing errors must be sent to the Rocky Mountain Supply, Inc. Corporate Office within **thirty (30) days** of the date of statement which allegedly contains the error.
7. All full transport load sales and/or wholesale sales of diesel fuel, gasoline, propane, fertilizer, feed and other agricultural products must be paid according to terms determined by management on a case by case basis. Agreed upon terms must be in writing and signed by both the responsible party for this account, and Rocky Mountain Supply management.
8. **INDIVIDUAL, BUSINESS OR JOINT CREDIT ACCOUNT:** All customers shall notify Rocky Mountain Supply, Inc. of all changes of phone numbers, email, or address after the execution of this agreement.
9. If Consumer account is in default Consumer understands and agrees that in addition to the principal amount due Consumer may be responsible for all costs and fees of account collection including, but not limited to, attorney fees, collection agency fees that may be up to 50% in addition to the amount owed, court costs, debit/credit card transaction fees, and interest at the highest amount allowed by law. Example: If you owe \$500.00 and the collection agency charges Rocky Mountain Supply, Inc. 50%, you are responsible for \$750.00 (Up to 50% is an actual cost charged to Rocky Mountain Supply, Inc.). The proper venue for any action filed to enforce the terms of this agreement shall be Gallatin County, MT.

**If Consumer defaults, Rocky Mountain Supply, in its sole discretion, with or without notice, may terminate or limit applicant's use of the Account at any time.**

In order to induce Rocky Mountain Supply, Inc., I (we) personally guaranty the prompt payment, when due, of each and every invoice, check, open account and/or any and all other indebtedness or liabilities arising out of the sale of products and/or services by Rocky Mountain Supply, Inc. for which I (we) responsible party, shall become liable to Rocky Mountain Supply, Inc.

This is intended as and shall be a continuing Guaranty by the responsible party, who will fully cooperate with any information needed by Rocky Mountain Supply, Inc. to contact any party associated with any name listed on the credit application i.e. Firm Name or otherwise. This continuing Guaranty may be revoked only by the actual receipt of notice in writing from the responsible party and it being understood that such revocation shall not affect this Guaranty with respect to the aforesaid obligations of responsible party existing at the time of Rocky Mountain Supply's actual receipt of such notice.

I have read and agree to the terms as outlined in this application, whether for me individually or for the business entity listed. I agree that Rocky Mountain Supply, Inc. has my permission to contact banks, financial institutions and the like to obtain the necessary information to conduct their inquiry.

**A copy of Driver's License is required**

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\_\_\_\_\_  
 PRINT NAME OF RESPONSIBLE PARTY

\_\_\_\_\_  
 PRINT NAME OF RESPONSIBLE PARTY

\_\_\_\_\_  
 SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
 DATE

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE**

DATE	Business Entity Search	BY	LIMIT	ACCOUNT NO.



## AUTHORIZED ACCOUNT USERS/CHANGES OF ADDRESS, PHONE, FAX

I understand that only persons listed below and myself are authorized to make purchases/charges to my account. I understand that I may make changes to this list of users at any time by giving notice of such changes to Rocky Mountain Supply, Inc., in writing, using this form. I agree to release and indemnify Rocky Mountain Supply, Inc. from any claims associated with charges by those persons listed below. I agree to be personally responsible for all debts associated with any purchases or charges to my account made by any person listed below.

**Account #** \_\_\_\_\_ **Account Name:** \_\_\_\_\_

**Account Phone #:** \_\_\_\_\_

List authorized account users or any changes, including changes of address, phone number, fax number. Please **email to:** credit@rmsi.coop **or**  
**mail to:** Rocky Mountain Supply, 210 Gallatin Farmers Ave., Belgrade, MT 59714, Attn: Credit Dept.

Circle One	Circle One
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Date: \_\_\_\_\_

Printed name of responsible party: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_