

GRANGE CO-OP CHARGE ACCOUNTS

FINANCE CHARGE	18.0%	
METHOD OF COMPUTING BALANCE FOR CHARGING FINANCE CHARGE		ANY UNPAID BALANCE OWED AT THE END OF THE PREVIOUS BILLING CYCLE
MINIMUM FINANCE CHARGE	\$1.00	

The information described in this application is accurate as of December 21, 2016. This information is subject to change at any time. Information outlining any changes available by writing to us at Grange Co-op, 7700 Crater Lake Hwy, White City, OR 97503.

**TERMS:** Charges made during the month are billed on the last business day of that month and statements are mailed as soon thereafter as they can be processed. Statement balances are due and payable in full by the last day of the month in which they are mailed. Any unpaid balance owed from the previous billing cycle may be subject to a Finance Charge.

Accounts with an unpaid balance that is over 60 days old, or that have exceeded the accounts Expressed Terms, may be removed from our approved credit list without notice.

**By submitting this credit application, you agree to the following:** In the event my account becomes past due, I agree to pay Grange Co-op reasonable costs, collection agency fees and attorney's fees related to any collection proceedings, whether or not suit or action is filed to collect my account. I agree that the prevailing party shall be entitled to recover reasonable attorney fees in any amount fixed and determined by the trial and all appellate courts.

In consideration of any credit extended to me, to members of my family, to persons in my employ or to persons acting as my agent, I hereby agree to pay my account according to the above terms or other terms expressly agreed to by Grange Co-op at the time of each sale.

Charge customers are responsible for all charges made on their accounts. In the event of a lost or stolen card, charge customers are responsible for all transactions made prior to notifying the Grange Co-op of the loss. Call (800) 888-6317.

CREDIT  
APPLICATION



Helping our Communities, Customers, and Employees Achieve More Together



1) APPLICANT/OWNER (IF APPLYING FOR INDIVIDUAL/JOINT/BUSINESS ACCOUNT, COMPLETE SECTIONS 1,4 &5)

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

Street

City & State

Zip

MAILING ADDRESS: \_\_\_\_\_

(IF DIFFERENT FROM RESIDENCE)

Street

City & State

Zip

# OF YEARS AT THIS ADDRESS: \_\_\_\_\_

☐ OWN

☐ RENT

☐ OTHER: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

Position/Title

# of years

Gross Monthly Salary

Supervisor

EMAIL ADDRESS: \_\_\_\_\_

PAPERLESS STATEMENTS? ☐ YES ☐ NO

OTHER INCOME: \_\_\_\_\_

2) CO-APPLICANT / CO-OWNER (IF APPLYING FOR JOINT OR BUSINESS ACCOUNT WITH CO-OWNER OR PARTNER, COMPLETE THIS SECTION)

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

Street

City & State

Zip

MAILING ADDRESS: \_\_\_\_\_

(IF DIFFERENT FROM RESIDENCE)

Street

City & State

Zip

# OF YEARS AT THIS ADDRESS: \_\_\_\_\_

☐ OWN

☐ RENT

☐ OTHER: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

Position/Title

# of years

Gross Monthly Salary

Supervisor

EMAIL ADDRESS: \_\_\_\_\_

PAPERLESS STATEMENTS? ☐ YES ☐ NO

OTHER INCOME: \_\_\_\_\_

3) BUSINESS INFORMATION (IF APPLYING FOR A BUSINESS ACCOUNT, COMPLETE SECTIONS 3, 4 & 5)

BUSINESS NAME: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

DATE STARTED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

PHONE: \_\_\_\_\_

☐ SOLE PROPRIETORSHIP

☐ PARTNERSHIP

☐ INCORPORATED IN STATE OF \_\_\_\_\_

☐ LLC

☐ OTHER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

Street

City & State

Zip

MAILING ADDRESS: \_\_\_\_\_

(IF DIFFERENT FROM RESIDENCE)

Street

City & State

Zip

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

PAPERLESS STATEMENTS? ☐ YES ☐ NO

BANKING INSTITUTION & BRANCH: \_\_\_\_\_

PO # REQUIRED? ☐ YES ☐ NO

AUTHORIZED USERS NAME(S): \_\_\_\_\_

4) CREDIT REFERENCES (ALL APPLICANTS MUST COMPLETE)

1 \_\_\_\_\_

Name

Address

Phone

Email

2 \_\_\_\_\_

Name

Address

Phone

Email

5) ACKNOWLEDGEMENT & AUTHORIZATION

Everything I have stated in this application is correct to the best of my knowledge. I understand 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. In consideration of any credit extended to me, to persons acting as my agent or to persons in my employ, I hereby agree to pay this account according to the above terms expressly agreed by Grange Co-op at the time of each sale. Past due balance is subject to 18% finance charge. By signing below, I acknowledge that I have read the back of the application and agree to the terms of payment.

X

Signature

Title

Date

6) PERSONAL GUARANTEE

Applicants / Joint Applicants / Owners / Partners / Officers are required to sign individually. By signing, the undersigned agrees to be personally responsible for payment of all charges to the account. Including finance charge, attorney fees and collection agency costs.

X

Applicant Signature

Date

X

Joint Applicant Signature

Date

Print Name

Print Name

04/25 • 25RO-002.Credit Application

GRANGE CO-OP • 7700 Crater Lake Hwy • White City, OR 97503 • (800) 888-6317 • grangecoop.com