

EQUITY COOPERATIVE LIVESTOCK SALES ASSOCIATION



401 Commerce Avenue • P.O. Box 1003 • Baraboo, WI 53913
608-356-8311 • 800-362-3989 • 608-356-0117 fax • www.equitycoop.com

BUYER APPLICATION FORM

New Application [ ]
Annual Renewal Application [ ]

Application Approved [ ]
Application Denied [ ]
Date: \_\_\_/\_\_\_/\_\_\_
Approved By: \_\_\_\_\_

MARKET: [ ] Altoona [ ] Barron [ ] Bonduel [ ] J.C. [ ] Lomira [ ] Monroe [ ] R.C. [ ] Reedsville
[ ] Sparta [ ] Stratford [ ] Waukon [ ] Maquoketa [ ] Field Reps [ ] EELA [ ] All Markets

\*\* ONLY return completed Application to Equity fax number: 608-356-0117

Buyer Contact Information - This section required - must fill in completely

Buyer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Please Print First M.I. Last Home: [ ] Cell: [ ]
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_
Email Address: \_\_\_\_\_ Will you have an Agent Buyer: \_\_\_ Y \_\_\_ N
If Yes, please complete Authorized Buyer Agent Form.
Business Name/Owner's Name: \_\_\_\_\_ Year Established in Business: \_\_\_\_\_
[ ] LLC [ ] Incorporated (Fill out only if Company is a corporation and if individuals are not doing business under one's personal name)
[ ] I Agree to receive sales and marketing updates from ECLSA.

Financial Institution Information - Primary Account Holder Information This section required- must fill in completely

Name of financial institution where account is maintained: \_\_\_\_\_
Financial Institution: City \_\_\_\_\_ State \_\_\_\_\_
Account Number: \_\_\_\_\_

Financial Institution Section Only
Date Account Opened: \_\_\_/\_\_\_/\_\_\_ Average Balance: \$ \_\_\_\_\_
Non-Sufficient Funds (NSF'S) current year? Yes: [ ] No: [ ] If Yes-how many: \_\_\_\_\_/yr.
Non-Sufficient Funds (NSF'S) last year? Yes: [ ] No: [ ] If Yes- how many: \_\_\_\_\_/yr.
Customer/Member have a Line of Credit? Yes: [ ] No: [ ] If Yes - Total: \$ \_\_\_\_\_ Balance: \_\_\_\_\_
Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Additional Comments \_\_\_\_\_
\*\* Return correspondence to fax number: 608-356-0117, DO NOT EMAIL COMPLETED APPLICATION

Line of Credit / Operational Loan Information

Do you have a Line of Credit or Operational Loan available for your livestock purchases? Yes: [ ] No: [ ]
If yes, Name of Financial Institution assisting with LOC/OL: \_\_\_\_\_
Name of Loan Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorization -Signature Required

I hereby authorize Equity Cooperative Livestock Sales Association to contact the above, mentioned references, Financial Institution for the purpose of establishing facts to make a sound credit decision.
Buyer Name: \_\_\_\_\_
Please Print First M.I. Last
Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_