

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: _____