



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 All Markets

DO NOT EMAIL COMPLETED APPLICATION

**** 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, Name of Agent Buyer: _____

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)

Want updated Information regarding Up-to-Date Market Reports and Sale Information? YES, I Agree to receive text message from ECLSA.

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

Name of Bank / Credit Union Institution where checking account is maintained: _____

Bank/Credit Union Institution: **City:** _____ **State:** _____

Checking Account Number: _____

Financial Institution Section Only	Date Account Opened: ___/___/___	Average Balance: \$ _____
	Non-Sufficient Funds (NSF'S) current year? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes-how many: _____/yr.	
	Non-Sufficient Funds (NSF'S) last year? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes- how many: _____/yr.	
	Customer/Member have a Line of Credit? Yes: <input type="checkbox"/> No: <input type="checkbox"/> 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, Bank/Credit Union Institution for the purpose of establishing facts to make a sound credit decision.

Customer/Buyer Name: _____
Please Print *First* *M.I.* *Last*

Customer/Buyer Signature: _____ **Date:** _____