



4-H/FFA Horizon Application

MEMBER(S) NAME _____ MARKET PROJECT _____

PARENTS NAME _____ PHONE # _____

HOME ADDRESS _____

PARENTS EMPLOYER _____ WORK PHONE _____

PARENTS SOCIAL SECURITY # _____

NAME AND ADDRESS OF PARENTS BANK _____

LIST TWO LOCAL CREDIT REFERENCES OF PARENT WITH LOCAL VENDORS

VENDOR	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____

MEMBERS: This account should be used to collect costs for your market animal project only. No interest will be charged on this account for the season. This account should be paid in full by the end of September and if not, it will become interest bearing at the rates listed below after that. We encourage you to use this account to collect all feed and health care product costs for your project. Purchases on this account are limited to those mentioned. Special pricing will be available on all other supplies you are wishing to purchase for this project. You may charge these items on your parent’s regular charge accounts which are due and payable at the first of each month.

PARENTS AND MEMBERS: We agree to pay for purchases charged to this account by us or any person(s) authorized by us. If an authorized user signs this agreement, any such user will be obligated to pay the entire balance if we do not. If an attorney or collection agency is hired to collect our balance, we will pay reasonable attorney’s fees and or collection agency fees and court costs permitted by law. We understand this account is due in full by the end of September of this year. We agree to a late charge of 1.5% or a minimum of @2.00 per month on the unpaid balance after October 1. We give our permission for a credit information check if needed.

MEMBER’S SIGNATURE _____ DATE _____

PARENT’S SIGNATURE _____ DATE _____