



# CREDIT APPLICATION

Name \_\_\_\_\_ Tax ID# or SS# \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Birth date \_\_\_\_\_ Cell # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Address (If less than 2 years at current address):

Type of Farm \_\_\_\_\_ Crops \_\_\_\_\_ Livestock \_\_\_\_\_ E-mail address \_\_\_\_\_

If not farming, list employer \_\_\_\_\_ Phone \_\_\_\_\_

Length of employment \_\_\_\_\_ Position/Title \_\_\_\_\_

**THE FOLLOWING SECTION MUST BE COMPLETED IN FULL. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

Name of Bank or Lending Agency \_\_\_\_\_

Bank Address \_\_\_\_\_ Contact \_\_\_\_\_

**Note: If requiring more than a \$50,000 credit limit, a current financial statement is also required with application**

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. By signing below I authorize your company to check my credit and employment history and to answer questions about your credit experience with me. The undersigned agree(s) to pay all sums owed to Innovative Ag Services in accordance with the terms of agreement set forth on the reverse side.

**Applicant's Signature** \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL GUARANTY**

By signing below, I authorize Innovative Ag Services to obtain a consumer credit report about me as part of this application for services provided by Innovative Ag Services. I understand that a copy of my credit report will be obtained by Innovative Ag Services and that the contents of my credit report will be considered in this application process.

For good and valuable consideration, the adequacy of which is acknowledged hereby, the undersigned jointly and severally guarantee(s) the payment of all amounts that may become due to Innovative Ag Services by the business applicant for whom this application form has been completed. As Guarantor(s), the undersigned waive(s) presentment, notice of dishonor, and protest in regard to this Guaranty. Further, I authorize Innovative Ag Services to obtain a copy of my credit report in connection with their attempt to collect the amounts guaranteed by me. I understand this personal Guaranty remains effective until released, in writing, by Innovative Ag Services regardless of any change in the relationship between the applicant and me.

Name of the Business \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Name (please print) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**SIGNATURE REQUIRED ON PAGE TWO**



## GENERAL CREDIT POLICY

The customer and guarantor agree to the following terms and conditions of the extension of credit for purchases on account as follows:

1. A monthly statement will be sent as of the last day of each month, and is due upon receipt.
2. A finance charge will be assessed on any balance remaining unpaid after the 20th day of the month following receipt of the monthly statement.
3. The finance charge will be assessed at the periodic rate of 1.65%, which is an annual percentage rate of 19.8%.
4. To avoid a finance charge, pay the entire balance due before the 20<sup>th</sup> of the month following receipt of the monthly statement.
5. If your account is more than 30 days overdue since the monthly statement date, all subsequent purchases must be cash.
6. Innovative Ag Services reserves the right to place a maximum dollar limitation on this account and to terminate further extension of credit in the case of delinquency.
7. The terms of this agreement in no way limit any legal or equitable remedies of Innovative Ag Services with regard to collecting any sums owed by customer or guarantor.
8. In case of any action or any proceedings in any Court to collect any sums payable pursuant to this agreement, or secured hereby, or in any other case permitted by law in which attorney's fees may be collected from Customer, or imposed upon them, or upon any real property, Customer and Guarantor agree to pay all court costs as well as reasonable attorneys' fees and expenses incurred in collecting any sums owed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## FUEL CARD HOLDER POLICY

1. There is a \$10.00 charge for any card needing unlocked after the account has fallen past due. This charge must be paid in cash or money order at one of our locations before the cards are activated.
2. There will be a \$5.00 charge for any customer requesting additional cards due to the loss of cards.
3. There will be a \$5.00 charge for any customer requesting additional cards due to the cards being stolen.
4. Innovative Ag Services reserves the right to charge a minimum fee for large quantity card orders.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**AREA OF BUSINESS**

*Please check the products you are interested in:*

Grain \_\_\_\_\_ Fertilizer \_\_\_\_\_ Chemicals \_\_\_\_\_ Seed \_\_\_\_\_ Feed \_\_\_\_\_

**PROPANE-**

Dryer \_\_\_\_\_ Livestock \_\_\_\_\_ Residential \_\_\_\_\_

**FUELS-**

Cardrol Gasohol \_\_\_\_\_ Cardrol Diesel \_\_\_\_\_ Fuel Oil \_\_\_\_\_ Lumber \_\_\_\_\_

*Please check the location you will primarily be doing business at:*

Lumberyard _____	Garden City _____	Lawn Hill _____
Union _____	Hubbard _____	Alden _____
Ellsworth _____	Williams _____	Faulkner _____
Ackley _____	Allison _____	Cleves _____
Austinville _____	Geneva _____	Steamboat Rock _____

Amount of monthly business you are planning to do \$ \_\_\_\_\_

*If you are applying for a propane account, please give the following information:*

Do you own your tank? Yes \_\_\_\_\_ No \_\_\_\_\_

What size is your tank? \_\_\_\_\_ gallon tank

What is the percentage in your tank? \_\_\_\_\_

Would you like to be on a keep full or will call status? \_\_\_\_\_



**CARDTROL APPLICATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Spouse \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**FUEL REQUESTED:**  
No Lead \_\_\_\_\_ Gasohol \_\_\_\_\_ Hwy Diesel \_\_\_\_\_ Ag Diesel \_\_\_\_\_  
Please note Hwy Diesel and Ag Diesel **CANNOT** be on the same card (taxes).

Standard encoding for gallons is 30gal limit per swipe. If more is desired, please note below:  
\_\_\_\_\_ 50, 100, or 200 gallons

Number of cards you are requesting \_\_\_\_\_

If you would like to have the odometer and/or the vehicle number print on your statement, please indicate below. Both of these numbers must be entered at the pump, by customer. These numbers have no bookkeeping purpose for Innovative Ag Services. Innovative Ag Services does not keep these numbers on file.

\_\_\_\_\_ Vehicle # \_\_\_\_\_ Odometer #

**Please note the credit terms with this application, as they apply company wide.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



**ELECTRONIC FUNDS TRANSFER (ACH)  
AUTHORIZATION AGREEMENT**

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Innovative Ag Services Account Number(s) \_\_\_\_\_

I (we) hereby authorize Innovative Ag Services or its agent, affiliate, owners, or subsidiaries, to initiate a debit entry on the 20<sup>th</sup> of the month (or in the case of weekends or holidays on the next business day following) to my (our) bank account indicated below and the bank named below:

Depository Name (Bank) \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

ABA No. \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Telephone \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

The total amount of bill from prior month will be deducted from your account unless other arrangements have been made with management.

The authority will remain in effect until COMPANY and DEPOSITORY have received written notice from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Customer assumes responsibility for any erroneous information provided in the authorization. Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice. Further, I understand that COMPANY may, at their discretion, void this agreement if sufficient funds are not available in my account to pay debit and that my account will be charged for any and all bank charges incurred including an additional \$20.00 service fee.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE (if applicable) \_\_\_\_\_

A voided check **must** be attached and returned to any location or mail to:  
Innovative Ag Services ~ ATTN: M. Harris ~ P.O. Box 309 ~ Hubbard, IA 50122-0309.  
Allow 2-3 weeks for processing.