



Business Credit Application

- I AM A FARMER
- INTERESTED IN MEMBERSHIP
- I AM A LANDLORD
GROWER NAME IS:
- FUEL STATION CARD(S)
- CHECK IF TANK IS NEEDED
- VOYAGER APP COMPLETE (REQUIRED FOR FUEL CARDS)

- ACCOUNT Agronomy/Farm Fuel Municipality
- TYPE: Feed / Animal Health Reseller
- (Please select only one) Home Heat Nonprofit
- Trucking Other Commercial Propane
- Manufacturing Other Commercial Refined Fuels
- Construction / Excavating / Lawn Care

BRANCH / DEPARTMENT

Partnership/Corporation/LLP/LLC/Sole Proprietorship?

THIS INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER.

BUSINESS FIRM NAME PARENT COMPANY? ANY OTHER NAME? PLEASE PROVIDE BUSINESS PHONE, E-MAIL AND FAX NUMBER

LIST PRINCIPAL OWNERS/PARTNERS BY NAME	TITLE	SOCIAL SECURITY NUMBER	OWNER/PARTNER CELL PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS BILLING ADDRESS BUSINESS CITY/STATE/ZIP

IF LESS THAN 3 YEARS AT THIS ADDRESS, PREVIOUS ADDRESS CITY/STATE/ZIP

YEARS IN OPERATION TAX EXEMPT NUMBER (attach tax certificate) FEDERAL ID NUMBER DUNN AND BRADSTREET RATING?

WHO IS AUTHORIZED TO USE/ORDER FOR THIS ACCOUNT? LINE OF CREDIT REQUESTED? (AMOUNT) LINE OF CREDIT APPROVED

WILL A PURCHASE ORDER BE REQUIRED? YES NO NAME OF ACCOUNTS PAYABLE MANAGER PLEASE SUBMIT YOUR CERTIFICATE OF GOOD STANDING. ENCLOSED

DOES ANY PRINCIPAL OWNER OF THIS COMPANY HAVE AN OWNERSHIP INTEREST IN ANY ENTITY THAT HAS A CREDIT ACCOUNT WITH CERES SOLUTIONS? YES NO

IF YES, UNDER WHAT BUSINESS NAMES AND ACCOUNT NUMBERS?

BUSINESSES' BANK REFERENCE (BANK NAME) LOAN OFFICER ADDRESS PHONE

NAMES ON ACCOUNT AND ACCOUNT NUMBERS CREDIT LINE

SECURED? YES NO PERSONAL GUARANTEE? YES NO CHECKING # SAVINGS #

FOUR TRADE REFERENCES	SECURED? EXPLAIN.	LINE OF CREDIT/LIMIT	CURRENT BALANCE	PLEASE PROVIDE PHONE	PLEASE PROVIDE FAX NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIALS ENCLOSED. PLEASE NOTE: FOR CREDIT MONTHLY BALANCES OF \$500,000 YOUR MOST RECENT FINANCIALS SHOULD BE SUBMITTED WITH THIS FORM. FINANCIAL STATEMENTS MAY BE REQUIRED FOR CREDIT LIMITS UNDER \$500,000 AS WELL.

IMPORTANT: HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS? NO IF YES, WHERE:

ARE THERE ANY GARNISHMENTS OR JUDGMENTS PRESENTLY LEVIED AGAINST YOU? NO IF YES, EXPLAIN:

WILL OUR ENERGY TEAM DELIVER FUEL TO A SPECIFIC TANK? PLEASE HELP US FIND IT.

DESCRIPTION AND DELIVERY ADDRESS WHERE YOUR FUEL TANK IS OR WILL BE LOCATED: TANK SIZE PREVIOUS SUPPLIER?

ANY SPECIAL INSTRUCTIONS WE SHOULD KNOW?

ARE YOU IN NEED OF FUEL CARDS FOR THIS ACCOUNT? PLEASE COMPLETE THIS SECTION AND ADDITIONAL VOYAGER CARD APP.

CARD PRIMARILY USED FOR BUSINESS PERSONAL REQUIRE MULTIPLE CARDS? YES, I NEED OTHER CONSIDERATIONS?

IF A FLEET, NUMBER OF VEHICLES TO FUEL ESTIMATED MONTHLY FUEL VOLUME DIESEL GALLONS GASOLINE GALLONS

By signing on this document, I/we indicate that I/we have read and agree to these TERMS AND CONDITIONS provided:

As the applicant(s), I/we have delivered this statement to the creditor (Ceres Solutions Cooperative, Inc.) for the purpose of securing credit. Everything that I/we have stated in this application is correct to the best of my knowledge. I/we understand that Ceres Solutions will rely on the truth, accuracy and completeness of this statement. I/we certify that the information contained herein has been carefully read, and is true, correct and complete.

I/we agree to pay the balance due, and in addition, all applicable Finance Charges which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time, including, but not limited to, periodic statements sent to me setting forth outstanding obligations I/we have to you.

I/we hereby agree to pay all attorney fees and court costs if this account is referred to attorneys for collection, without relief from valuation and appraisal laws. In the event judicial proceedings are commenced to collect sums owed on the account, all parties agree that such proceedings shall occur in one of three counties and all parties hereby consent to jurisdiction of the Courts: Montgomery County, Indiana; or Branch County, Michigan, or Newago County, Michigan, at the discretion of the creditor.

In accordance with Article 9 Section 402 of the UCC Code, the buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations. I/we hereby acknowledge Ceres Solutions Cooperative may run a lien search for the entity or individual applying for credit. The buyer further authorizes the seller to file a financing statement without buyer's signature.

A Finance Charge is computed by a periodic rate 1.75% per month (or a minimum finance charge of 50 cents) which is an Annual Percentage Rate of 21% per annum, applied to that portion of the amount that was subject to charge at that time. This charge is made on the last day of the closing date of each monthly period. The balance used in computing the finance charge each month is determined according to Credit Descriptions. For Regular, Summer Fill, Spring Agronomy, and Fall Agronomy, we use the Balance Forward amount which is unpaid at billing date and subject to finance charge according to specific terms. The input financing program is also subject to finance charge according to specific terms.

I authorize Ceres Solutions Cooperative to enter my property at all reasonable times for the purpose of placing, inspecting, maintaining and removing petroleum tanks and related equipment. I understand and agree that Ceres Solutions Cooperative will not be held responsible for any damage to my property caused by such placement, inspection, maintenance or removal.

By signing, I authorize Ceres Solutions Cooperative to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer any questions about their credit experience with me. I authorize Ceres Solutions Cooperative to release this application to my bank in order to obtain a bank reference. See future billing statements from Ceres Solutions Cooperative for important updates.

Please sign: Incomplete applications will be returned or disapproved. Signature indicates you have read and agree to all terms and conditions.

_____	_____	_____
Applicant Print and Signature	Applicant Title	Date
_____	_____	_____
Applicant Print and Signature	Applicant Title	Date
_____	_____	_____
Applicant Print and Signature	Applicant Title	Date

Personal Guarantor:

The undersigned, for value received, hereby unconditionally guarantee(s) to Ceres Solutions Cooperative, Inc., full payment of all sums due and owing, pursuant to the terms indicated. The undersigned further guarantee(s) all renewals, extension, additions thereof.

_____	_____
Applicant Signature as Personal Guarantor on this Account	Date
_____	_____
Applicant Signature as Personal Guarantor on this Account	Date
_____	_____
Applicant Signature as Personal Guarantor on this Account	Date



Thank you! Return this form to your local branch or the address/fax number provided. This form must be printed out, signed by hand by all applicants and returned to Ceres Solutions Cooperative. For your protection, only hand-signed scanned versions can be sent via e-mail.

Business Credit Application

Box 432 / 2112 Indianapolis Road / Crawfordsville IN 47933 / (765) 362-6700 / (800) 878-0952 / FAX (765) 362-7010 / e-mail: credit@ceres.coop

THANK YOU FOR THE OPPORTUNITY! All applicants are notified in writing upon review.

07-01-21 e

FOR OFFICE USE ONLY

Approved or Denied by: _____	Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Current ratio: _____	Working ratio: _____	Equity: _____
		Credit limit: _____