



Credit Application

Account _____
Date _____

Customer/Business Name _____ Tax ID or SS# _____

Address _____ Phone _____

City _____ State _____ Zip _____ Cell _____

Year Business Started _____ Email _____

Amount of Monthly Business you plan on doing _____

Ownership Structure: _____ Sole Ownership _____ Partnership _____ Corporation _____

Total Acres: Farmed _____ Owned _____ Rented _____

Main County _____ IAS Location _____

Type of business interested in doing with IAS (circle all that apply):

Agronomy *Beef* *Dairy* *Swine*

Grain *Cardrol* *Propane* *Fuel* *Other*

Primary Bank Reference

Name _____ Phone _____ Fax _____

Full Address _____

Contact _____

Current Supplier Reference #1

Current Supplier Reference #2

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Email _____	Email _____
Contact _____	Contact _____

Personal Guaranty

I certify that all of the information on this form is correct to the best of my knowledge; and that I fully understand your credit policy. I attest to, and personally guarantee, the financial responsibility of the credit extended. In addition, my signature below authorizes release of credit information by my lenders, suppliers and any credit bureau to Innovative Ag Services for the purpose of establishing credit.

Signed _____ Date _____	Signed _____ Date _____
Printed Name _____	Printed Name _____
SS# _____ DOB _____	SS# _____ DOB _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Prior Address (If less than 2 years at current address): _____	Prior Address (If less than 2 years at current address): _____

For Location MGR Approval

Credit Limit _____ Approved by _____ Date _____ Location _____

Agronomy Salesperson _____ Feed Salesperson _____

Submitted by _____



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 20th 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.

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.



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:

Lumber Yard _____	Garden City _____	Lawn Hill _____
Union _____	Hubbard _____	Alden _____
Ellsworth _____	Williams _____	Faulkner _____
Ackley _____	Cleves _____	Packard _____
Austinville _____	Geneva _____	Elma _____

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 20th 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 | 2010 South Main Street | Monticello, IA 52310
Allow 2-3 weeks for processing.