



PO BOX 250  
Sully, Iowa 50251  
641-594-4115  
641-594-4114 (Fax)

## CREDIT AND CARDTROL APPLICATION

Key Cooperative Employee Name: \_\_\_\_\_ Customer Account #: \_\_\_\_\_

| CONSUMER APPLICANT                                                                                                                                                                         |  |                    |                                                                                         |                         |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-----------------------------------------------------------------------------------------|-------------------------|------------------------|
| Last Name:                                                                                                                                                                                 |  | First Name:        |                                                                                         | Middle Initial:         | SSN:                   |
| Date of Birth:                                                                                                                                                                             |  | Address:           |                                                                                         | City:                   | State:                 |
| County:                                                                                                                                                                                    |  | Zip:               |                                                                                         |                         |                        |
| Cell Phone Number:                                                                                                                                                                         |  | Email Address:     |                                                                                         | Employer:               | Employer Phone Number: |
| Bank Name:                                                                                                                                                                                 |  | Bank Phone Number: |                                                                                         |                         |                        |
| CO APPLICANT (GUARANTOR)                                                                                                                                                                   |  |                    |                                                                                         |                         |                        |
| Last Name:                                                                                                                                                                                 |  | First Name:        |                                                                                         | Middle Initial:         | SSN:                   |
| Date of Birth:                                                                                                                                                                             |  | Address:           |                                                                                         | City:                   | State:                 |
| County:                                                                                                                                                                                    |  | Zip:               |                                                                                         |                         |                        |
| Cell Phone Number:                                                                                                                                                                         |  | Email Address:     |                                                                                         | Employer:               | Employer Phone Number: |
| Bank Name:                                                                                                                                                                                 |  | Bank Phone Number: |                                                                                         |                         |                        |
| PRODUCTS TO BE PURCHASED                                                                                                                                                                   |  |                    |                                                                                         |                         |                        |
| <input type="checkbox"/> Agronomy <input type="checkbox"/> Feed <input type="checkbox"/> Propane <input type="checkbox"/> Refined Fuels <input type="checkbox"/> Construction Services     |  |                    |                                                                                         |                         |                        |
| CARDTROL <small>only required if you wish to have Key Cooperative fuel card(s)</small>                                                                                                     |  |                    |                                                                                         |                         |                        |
| Number of Cards needed: _____                                                                                                                                                              |  |                    | Fuels Needed: <input type="checkbox"/> Gasoline <input type="checkbox"/> Highway Diesel |                         |                        |
| Standard limit per fill is \$250. A vehicle may require more than \$250 per fill. Please indicate the requested price range: <input type="checkbox"/> \$250 <input type="checkbox"/> \$750 |  |                    |                                                                                         |                         |                        |
| BUSINESS CREDIT APPLICANT                                                                                                                                                                  |  |                    |                                                                                         |                         |                        |
| Legal Business Name:                                                                                                                                                                       |  |                    |                                                                                         | D & B Number or Fed ID: |                        |
| Billing Address:                                                                                                                                                                           |  | City:              |                                                                                         | State:                  | Zip:                   |
| Name of Principal:                                                                                                                                                                         |  | Phone Number:      |                                                                                         | SSN:                    |                        |
| Residence Address:                                                                                                                                                                         |  | City:              |                                                                                         | State:                  | Zip:                   |
| Bank Name:                                                                                                                                                                                 |  | Contact Name:      |                                                                                         | Bank Phone Number:      |                        |
| TRADE REFERENCES                                                                                                                                                                           |  |                    |                                                                                         |                         |                        |
| Name:                                                                                                                                                                                      |  | Phone:             |                                                                                         | Email Address:          |                        |
| Name:                                                                                                                                                                                      |  | Phone:             |                                                                                         | Email Address:          |                        |

I AGREE THAT THE FOLLOWING TERMS WILL GOVERN ANY PURCHASES MADE WHICH ARE CHARGED TO ANY CHARGE ACCOUNT THAT I MAY HAVE WITH KEY COOPERATIVE.

### PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION

I/We state the information on this application is true and correct to the best of my/our knowledge. I/We hereby authorize the creditor to whom this application is made to investigate my/our credit worthiness, credit history, and financial responsibility through any credit bureau or by direct contact with any past or present creditors, and hereby authorize banks and other financial institutions to give information to the named creditor, or a credit bureau acting on request of the creditor, regarding our checking account (s), saving account (s), and loan (s). I/We agree to make payment on this account, if credit is extended to us, promptly in accordance with the terms of the account. I/We have received a copy of the Credit Policy of Key Cooperative.

### PERSONAL GUARANTEE

The undersigned(s), in consideration of the extension of credit by Key Cooperative, Credit Grantor, to Credit Applicant, do(es) hereby unconditionally guarantee full and prompt payment of any and all credit balances however created and regardless of form owed to Credit Grantor. This Guarantee shall be open, continuing, absolute and unconditional until expressly revoked in writing by actual notice to Credit Grantor. No release or discharge of any co-guarantor shall release or discharge any guarantor in whole or in part. This guarantee shall be binding upon the undersigned(s), jointly and severally, and upon the legal heirs, executors, successors and assigns of the undersigned(s).

X \_\_\_\_\_  
Applicant, Individual Signature, Partner

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Co-Applicant, Principal Signature, Partner, Guarantor

\_\_\_\_\_  
Date



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**KEY COOPERATIVE CREDIT POLICY**  
*Key Cooperative (we/us) and customer (you)*

- You certify that all information provided is accurate as of the date provided.
- We are bound by the federal equal credit opportunity act, which prohibits us from discriminating against you on the basis of gender, marital status, and other prohibited statute in the act.
- We reserve the right to refuse or limit credit to any account. We may stop further credit purchases if you are delinquent in paying your balance. We may impose conditions on credit extensions, such as personal guarantees and collateral requirements.
- You agree to notify us in writing of any change in ownership or legal structure of your business.
- You will be billed monthly with the monthly statement mailed on the first business day of the month. The statement balance is due and payable in full on or before the 15th of the month; a finance charge will be imposed on the balance on the 16th of the month. If balance on account is not paid in full by the 16th of the month your account will be on a cash basis unless you make other arrangements with us.
- A finance charge at the annual rate of 19.8% will be added to all past due accounts on the 16th of the month with a minimum finance charge of \$5.00. The finance charge rate will not be changed prior to giving you at least 90 days advanced written notice.
- Under Iowa law, all general partners of a partnership are liable for the debts of the partnership.
- Any claims of errors or discrepancies in the billing shall be submitted to us in writing within 60 days after we sent you the first statement on which the error or problem appeared. If such objection is not made within the prescribed time limit, such objections will be considered waived.
- Any payment for less than the total balance must be arranged between you and us pursuant to a written agreement, executed by both parties and on file at the Key Cooperative office in Roland, Iowa.
- If an account is referred to a collection agency or attorney for collection, the applicant agrees to pay all fees, to the extent permitted by law, associated with the collection, including reasonable attorney fees, court costs, collection expenses, and finance charges. We will maintain a lien on all products sold until said products are paid for in full.

**TERMS AND CONDITIONS FOR USE OF CARDTROL**

- I hereby agree to the following terms and condition for the privilege of using the Cardtrol credit cards system.
- I understand and agree that all control cards are the property of Key Cooperative-Roland, IA.
- I acknowledge that I have been instructed as to the proper use of the dispensing equipment.
- I further agree to limit the use of the above dispensing equipment to persons who have been instructed and qualified in the use of such equipment.
- I agree not to leave the dispensing equipment unattended at any time while it is being operated and to accept the responsibility of controlling sources of ignition. I further agree not to dispense Class 1 liquids into containers not in compliance with the State Fire Code.
- I further understand and agree that I am responsible for all charges and assessments made against my account for all cards which have been issued to me or on my behalf and I am solely responsible for the use of these cards by any and all persons authorized or unauthorized. In the event that any card is lost or stolen, I agree to immediately notify Key Cooperative, Roland, Iowa. Upon notification the Cooperative will lock the lost or stolen card out of the system.
- I further understand and agree to comply with the credit policy of Key Cooperative, Roland, IA. The policy states all accounts must be paid in full by the 15th of the following month after purchase. The initial finance charge shall be 1.65% (an annual percentage rate of 19.8%).
- I understand and agree that all charges shall be paid when due and further acknowledge that in the event I become delinquent in paying said account, that my privileges to use this Cardtrol may be terminated or revoked by the company.

**FINANCE CHARGE TERMS**

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ANNUAL PERCENTAGE RATE FOR PURCHASES</b>                 | 19.8%                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES</b> | If you pay your outstanding balance as of the end of a month within 15 days after the end of the month, then no finance charge will be imposed for that month. If you sign up for automatic payment of your balance through an EFT or ACH, then no finance charge will be imposed for that month if you pay your outstanding balance within 25 days after the end of the month.              |
| <b>METHOD OF COMPUTING THE BALANCE FOR PURCHASES</b>        | We calculate the finance charge on your account by applying the periodic rate to the "adjusted balance" of your account. We determine the "adjusted balance" by taking the balance at the beginning of the month and subtracting payments and credits received during the month (except that we do not subtract credits attributable to purchases charged to your account during the month). |
| <b>MINIMUM FINANCE CHARGE</b>                               | There is a minimum finance charge of \$5.00 for any month in which a finance charge is imposed.                                                                                                                                                                                                                                                                                              |

The customer is referred to as "you" and Key Cooperative is referred to as "we".  
The text in the above box is an integral part of our credit policy.