

CREDIT APPLICATION FOR CHARGE ACCOUNT



Please note all fields are required and failure to fully complete application will result in denial of credit. Applications should be returned to UFC Credit Manager Andrea Hartstack at the Red Oak location or emailed to ahartstack@united-farmers.com.

203 W Oak St, Red Oak, Iowa 51566

PERSONAL/BUSINESS INFORMATION

Credit Amount Requested:		UFC Primary Contact:	
Applicant Name:			
Social Security Number:		Date of Birth:	
Full Personal Address:			
How long at current address?		Phone Number:	
Business Name (if applicable):			
Business Address (if applicable):		Business Phone:	
Tax ID Number:		How many years in business?	

CREDIT INFORMATION

Employer:		Current bank name:	
How long at Employer?		Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Contact person:		Contact person:	
Contact number:		Contact number:	

Please contact me with information in regards to Auto Pay and ACH options.

TRADE REFERENCES

Trade Reference #1:		Contact person:	
Full Address:		Contact number:	
Type of Account:		Contact Email:	
Trade Reference #2:		Contact person:	
Full Address:		Contact number:	
Type of Account:		Contact Email:	
Trade Reference #3:		Contact person:	
Full Address:		Contact number:	
Type of Account:		Contact Email:	

AGREEMENT

By submitting this application, I/we authorize United Farmers Cooperative (Lender) to make inquiries into the banking and trade references provided. I/we, the applicant(s), agree to notify the Lender with any material change to the information provided above. I/we, the applicant(s) grant the Lender and its assignees permission to obtain a credit report for legitimate purpose in connection with this application, to make a credit decision, including granting new credit or extending existing credit.

I understand and agree that all charges made on the account are due on or before the 20th day of the month following the month of purchase. Any accounts unpaid by that date shall be considered delinquent. There will be a finance charge assessed on all accounts not paid by the due date. This finance charge is computed at the rate of 1.7 percent per month, annual rate 20.4 percent, on the unpaid balance. I further acknowledge in the event I become delinquent in paying said account, my privileges to use this account and any associated fuel cards may be terminated or revoked by the company. Nothing herein shall be deemed a waiver by the United Farmers Cooperative of its rights to take legal action to collect amounts due from the Patron's account, up to and including all associated legal, attorney or collection fees.

Applicant Signature:		Co-applicant Signature:	
Date:		Date:	

For Credit Manager Use Only:

Credit Manager Signature: _____

Denial/Approval Date: _____ Approval Amount: _____

CARDTROL ACCOUNT ADDENDUM



203 W Oak St, Red Oak, Iowa 51566

PERSONAL/BUSINESS INFORMATION

Applicant Name:			
Phone Number:		Date of Birth:	
Full Personal Address:			
Business Name (if applicable):			
Business Address (if applicable):		Business Phone:	

FUEL CARD INFORMATION

EACH VEHICLE MAY HAVE ITS OWN CARD, OR EACH PERSON MAY HAVE HIS/HER OWN CARD.

	Card #	Vehicle/Individual Name	4 digit PIN	Special Restriction
Card #1:				
Card #2:				
Card #3:				
Card #4:				
Card #5:				
Card #6:				
Card #7:				
Card #8:				
Card #9:				

AGREEMENT

I hereby agree to the following terms and conditions for the privilege of using the Cardtrol credit card system.

I understand and agree that all Cardtrol cards are the property of United Farmers Cooperative. I understand and agree all charges made on the Cardtrol account are due on or before the 20th day of the month following the month of purchase. Any accounts unpaid by the due date shall be considered delinquent. There will be a finance charge assessed on all accounts not paid by the due date. This finance charge is computed at the rate of 1.7 percent per month, annual rate 20.4 percent, on the unpaid balance. Your card will become inoperative when your account is past due, but will be reinstalled by paying your account at that time.

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 on my behalf. I am solely responsible for the use of these cards by any and all persons authorized and unauthorized. In the event any card is lost or stolen, I agree to immediately notify United Farmers Cooperative, and I further understand and agree, in any event, I will be liable for any authorized or unauthorized use, thereafter charged to my account.

I understand and agree all charges shall be paid when due and further acknowledge in the event I become delinquent in paying said account, my privileges to use this Cardtrol may be terminated or revoked by the company. Nothing herein shall be deemed a waiver by the United Farmers Cooperative of its rights to take legal action to collect amounts due from the Patron's account.

Applicant Signature:		Co-Applicant Signature:	
Date:		Date:	

For Credit Manager Use Only:

Credit Manager Signature: _____

Denial/Approval Date: _____ Approval Amount: _____