

HEARTLAND CO-OP CONSUMER CREDIT APPLICATION

TYPE OF ACCOUNT

Individual Joint

Phone 800-513-3938 Fax 515-225-8511
P.O. Box 71399, Des Moines, IA 50325

HEARTLAND CO-OP

Distributed by: _____

Requesting Credit for: LP Cardtrol: How many cards _____ Diesel Gas

INDIVIDUAL ACCOUNT INFORMATION:

Name _____ Soc. Sec. # _____
Last First Middle Initial

Address _____ City _____ County _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ Birthdate _____
Area Code Area Code month/day/year

Years at this address _____ Own _____ Rent _____ Apartment _____ Live with parents _____

Landlord's name and phone number _____

Previous address if less than 3 years _____

EMPLOYMENT:

Present Employer Name _____ Phone (_____) _____ - _____
Area Code

Address _____ City _____ State _____ Zip _____

Position _____ How long _____ Income \$ _____ per _____ week _____ month _____ year

JOINT ACCOUNT INFORMATION:

Name _____ Soc. Sec. # _____
Last First Middle Initial

Address _____ City _____ County _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ Birthdate _____
Area Code Area Code month/day/year

EMPLOYMENT:

Present Employer Name _____ Phone (_____) _____ - _____
Area Code

Address _____ City _____ State _____ Zip _____

Position _____ How long _____ Income \$ _____ per _____ week _____ month _____ year

Do you want both names to appear on your monthly statement? Yes _____ No _____

MISCELLANEOUS INFORMATION:

Nearest Relative Name _____
(Not living with you) Last First Middle Initial

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Relationship _____
Area Code

CREDIT REFERENCES:

Financial Institution

Name _____

City _____ State _____ Zip _____

_____ Checking _____ Savings _____ Loan

Phone _____ Fax _____

Financial Institution

Name _____

City _____ State _____ Zip _____

_____ Checking _____ Savings _____ Loan

Phone _____ Fax _____

AUTHORIZED SIGNATURE

The above information is for the purpose of obtaining credit terms and is warranted to be true. I/we agree that Heartland Co-op can and will rely on the information set forth by me/us in this application and that Heartland Co-op is reasonable in doing so. I/we authorize Heartland Co-op to investigate the references listed pertaining to my/our creditworthiness and financial responsibility. I/we further authorize Heartland Co-op to request consumer reports from consumer reporting agencies to consider this application and to review or collect the account.

I/we agree to abide by the terms and conditions set forth in this application and in Heartland Co-op's Consumer Credit Policy, receipt of which is hereby acknowledged.

Any legal proceedings arising out of any contract made or dealing between the parties is to be processed and submitted to a court in the state of Iowa and be governed by the laws of Iowa. I/we hereby agree to venue in Polk County, Iowa for any action arising out of this agreement. I/we agree that, in the event of legal action against me/us by Heartland Co-op as a result of my/our failing to fulfill any duty and/or obligation to Heartland Co-op, I/we will pay any costs, including attorney's fees, incurred by Heartland Co-op in connection with said legal action.

Applicant's Signature _____

Date _____

Joint Applicant's Signature _____

Date _____

KEEP CREDIT POLICIES FOR YOUR INFORMATION

HEARTLAND CO-OP CREDIT POLICIES CONSUMER ACCOUNT

Annual percentage rate for purchases	15%
Grace period for repayment of balances for purchases	No finance charge will be imposed for a month if you pay the previous balance by the 25th of the month. The “previous balance” is the balance due at the end of the preceding month.
Method of computing the balance for purchases	If you do not pay the entire previous balance by the 25th of a month, then for that month we figure the finance charge on your account by applying the periodic rate to the total of two amounts: (1) the average daily balance of your account during the month (excluding current purchases and finance charges) and (2) the average daily balance of the purchases during the preceding month.
Minimum finance charge	There is a minimum finance charge of 50 cents for any month in which a finance charge is imposed.

1. **Purchases on credit.** You may buy goods and services from us on credit. We may restrict the items that can be purchased on credit. We may stop further credit purchases if you are delinquent in paying your credit balance.
2. **Minimum payment.** We will send you a statement showing the balance that you owe at the end of each month. You are required to pay the entire balance due by the 25th of the following month.
3. **Finance charges.** The above chart shows our current finance charges. We will notify you in advance of any changes in these finance charges.
4. **Unauthorized use of cardtrol card.** You may be liable for the unauthorized use of your cardtrol card. You will not be liable for unauthorized use that occurs after you notify us at the address listed on your bill, orally or in writing, of the loss, theft, or possible unauthorized use.
5. **In case of errors or questions about your bill.** If you think your bill is wrong, or if you need more information about a transaction on your bill, write to us at the address listed on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:
 - Your name and account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.