

HEARTLAND CO-OP BUSINESS ACCOUNT APPLICATION

Rev. 6/10

TYPE OF BUSINESS

Farming Commercial

Corporation Sole Proprietor
 Partnership LLC



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

Distributed by: _____

Requesting Credit for: Agronomy Petroleum Feed Cardrol: How many cards _____ Yes, please send information on becoming a member

ACCOUNT INFORMATION (SOLE PROPRIETOR):

Name _____ Soc. Sec. # _____
Last First Middle Initial
Address _____ City _____ State _____ Zip _____
County _____ Birthday _____ Email Address _____
month/day/year
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
Area Code Area Code

JOINT ACCOUNT INFORMATION (PARTNERSHIP):

Name _____ Soc. Sec. # _____
Last First Middle Initial
Address _____ City _____ State _____ Zip _____
County _____ Birthday _____ Email Address _____
month/day/year
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
Area Code Area Code

ACCOUNT INFORMATION (CORPORATION, LLC):

Company Name _____ Fed. ID _____
Billing Address _____ City _____ State _____ Zip _____
Phone (_____) _____ - _____ In Business _____
Area Code Number of Years
Billing Contact Person _____ Position _____

CREDIT REFERENCES:

Primary Bank _____
City _____ State _____ Zip _____
Telephone (_____) _____ - _____ Fax (_____) _____ - _____

TRADE REFERENCES:

Reference Name _____
City _____ State _____ Zip _____
Telephone (_____) _____ - _____ Fax (_____) _____ - _____

AUTHORIZED SIGNATURE (SOLE PROPRIETOR, PARTNERSHIP)

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. I/we understand and agree that interest at the rate of 15% per annum, or the maximum amount allowed by law, will be assessed any outstanding balance owed, if not paid according to the terms as stated.

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.

Authorized Signature _____ Date _____ Joint Signature _____ Date _____

AUTHORIZED SIGNATURE (CORPORATION, LLC)

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized now and in the future to check our company credit, including, but not limited to, our bank and trade reference(s). Further, I attest that I am an officer of the company and authorized to make this application on the company's behalf.

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. The company hereby agrees to venue in Polk County, Iowa for any legal action arising out of this agreement. The company agrees that, in the event of legal action brought by Heartland Co-op as a result of the company's failing to fulfill any duty and/or obligation to Heartland Co-op, the company will pay any costs, including attorney's fees, incurred by Heartland Co-op in connection with said legal action.

Print Name _____ Signature _____ Date _____

PERSONAL GUARANTEE

The undersigned guarantor(s) hereby guarantees prompt and satisfactory performance of the obligations of the applicant in accordance with the terms and conditions set forth in this application and in Heartland Co-op's Business Credit Policy, receipt of which is hereby acknowledged. The guarantor(s) understands that his or her individual credit history may be a factor in the evaluation of the applicant. Further, the guarantor(s) authorizes Heartland Co-op to request consumer reports from consumer reporting agencies to consider this application.

Print Name _____ Signature _____ Date _____ Social Security No. _____

HEARTLAND CO-OP CREDIT POLICIES BUSINESS 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 previous balance less any payments or credits received during the 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 cardrol card.** You may be liable for the unauthorized use of your cardrol 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.