



CEDAR COUNTY COOPERATIVE CREDIT POLICIES CONSUMER ACCOUNT

P.O. Box 192
Tipton, IA 52772
563-886-6177

Annual percentage rate for purchases: 19.8%

Grace period for repayment of Balances for purchases:	No finance charge will be imposed for the month if you pay the previous balance by the end of the month. The “previous balance” is the balance due at the end of the preceding month.
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Method of computing the balance for purchases:	If you do not pay the entire previous balance by the end of a month, then for that month we figure the finance charge on your unpaid balance of .0165.
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Minimum finance charge:	There is a minimum finance charge of 50 cents for any month in Which a finance charge is imposed.
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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 end of the month.
3. **Finance charges.** The above chart shows our current 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 by phone call 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 the transaction on your bill contact us by phone.

You do not have to pay any amount in question while we are investigation, 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.

TIPTON
PO BOX 192
Tipton, Iowa 52772
Office 563-886-6177



WEST BRANCH
1546 Baker Ave.
West Branch, Iowa 52358
Office 319-643-7101

Customer Application

Sales Rep _____

Applicant: _____

Address: _____ City, St., Zip _____

Soc. Sec # _____ FEIN# _____

Birthdate _____ Telephone # _____ Cell Phone # _____

Email Address: _____

Co-Applicant Name: _____ Cell Phone # _____

Cellphone provider: _____

Household: Own or Rent _____ If Rent Landlords Name: _____

Telephone number: _____

Employment Info:

Current Employer _____ How Long? _____

Co-Applicant's Employer _____ How Long? _____

Product/Services Requested

Cardtrol Fuel Card LP Gas Fuel Agronomy Feed

Number of Cards _____

Do you need LP Tank? _____

TERMS AS FOLLOWS

Account balances are due at the end of the month following the previous month statement cycle. A finance charge of 1.65% per month (19.8% APR) will be applied to balances over 30 days old. The applicant agrees to pay all costs associated with collections, including court costs and attorney fees. Applicant authorizes any Credit Bureau, Banks, or Suppliers to release information requested. Applicant acknowledges the receipt of a propane safety guide with signature or electronic signature provided below. Any deviation to these terms will be provided on the invoice of product or service billed.

SIGNATURE: INDIVIDUAL

PARTNERSHIP

CORPORATION

Individual Signature

Partnership Signature

Presidents Signature

***Parent/Guardian to Sign if Applicant is Under 18

SUBMIT FORM

Date