



# Synergy Feeds, LLC

P.O. Box 325 • 401 N. Main, S. Whitley, IN 46787 • 260-723-5141

CREDIT AGREEMENT:  Personal  Farm  Business

Credit Limit Requested \$ \_\_\_\_\_

Please print or type information

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
BUSINESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PERSONAL:**

MARITAL STATUS:  Married  Single SOCIAL SECURITY # \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ BUSINESS NAME IF SELF-EMPLOYED: \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
YEARS \_\_\_\_\_ POSITION \_\_\_\_\_ EMPLOYERPHONE ( ) \_\_\_\_\_  
CO-APPLICANT/SPOUSE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
YEARS \_\_\_\_\_ POSITION \_\_\_\_\_ EMPLOYERPHONE ( ) \_\_\_\_\_  
MONTHLY INCOME\$ \_\_\_\_\_ JOINTLY \$ \_\_\_\_\_ OTHER SOURCES \$ \_\_\_\_\_

\*\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for paying this obligation.

**FARM:**

NAMES OF PRINCIPLE OWNERS, PARTNERS OR OFFICERS \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
RETAIL MERCHANT LICENSE # \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_  
TOTAL ACRES, FARMED \_\_\_\_\_ OWNED \_\_\_\_\_ RENTED \_\_\_\_\_  
GROWING CROP INFORMATION IN ACRES CORN \_\_\_\_\_ SOYBEANS \_\_\_\_\_ HAY \_\_\_\_\_  
WHEAT \_\_\_\_\_ OTHER \_\_\_\_\_  
LIVESTOCK INFORMATION IN NUMBERS DAIRY \_\_\_\_\_ BEEF \_\_\_\_\_ HOGS \_\_\_\_\_ POULTRY \_\_\_\_\_  
DO YOU CONTRACT LIVESTOCK \_\_\_\_\_ IF SO WITH WHOM \_\_\_\_\_  
ESTIMATED FARM INCOME FOR THE YEAR \$ \_\_\_\_\_  
ESTIMATED OFF FARM INCOME FOR THE YEAR \$ \_\_\_\_\_

**BUSINESS:**

CORPORATION  PARTNERSHIP  SOLE PROPRIETOR  FEDERAL ID#: \_\_\_\_\_  
STATE OF INCORPORATION \_\_\_\_\_ DATE OF INCORPORATION \_\_\_\_\_  
NAME OF PRINCIPLE OWNERS, PARTNERS, OFFICERS \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
BILLING NAME AND ADDRESS IF DIFFERENT FROM ABOVE NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

**CREDIT REFERENCES:**

**BANKS**

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

**BUSINESS**

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_  
2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

**OTHER CREDIT REFERENCE**

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

2 .NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

HAVE YOU DECLARED BANKRUPTCY IN THE PAST 10 YEARS?  YES  NO

IF SO, WHERE? \_\_\_\_\_ YEAR \_\_\_\_\_

**TERMS OF CREDIT AGREEMENT:**

The applicant(s) acknowledges that he/she has read and understands this Credit Agreement and, in consideration of an extension of credit by Synergy Feeds LLC, the applicant(s) agrees to be bound by the terms of this Credit Agreement. The following information and disclosures are made and given in accordance with the requirements of the Federal Truth-In-Lending Law and the Indiana Uniform Commercial Credit Code (UCCC).

1. All accounts are due and payable by the twentieth (20th) day of the month following the month of purchase. All payments are expected when they are due. No additional credit will be extended to an account when any portion of that account becomes sixty (60) days past due and commercial accounts becomes thirty (30) days past due. Due dates and the revocation of credit privileges may be altered for certain accounts and purchases as determined by Synergy Feeds.
2. A credit service charge will be imposed on the account balance for each category of goods that is unpaid on the date that it is past due by multiplying the unpaid balance by a periodic rate of two percent (2%) per month, and any subsequent finance charges will be assessed on the combined past due balance. If any unpaid balance is less than twenty-five dollars (\$25) on the last day of the previous month, a minimum service charge of fifty cents (\$.50) will be added. Applicant agrees to pay the balance due and in addition all applicable finance charges, and all attorney fees, court costs and collection costs at the highest rate legally available if this account is referred to collection.
3. Individual lines of credit may be established, based on ability to pay for purchases with a maximum limit of one hundred thousand dollars (\$100,000) in total. An account that requires an additional or larger line of credit can apply for same by submitting a financial statement or letter of credit from a lending institution.
4. An account will be classified as "Cash Only", when any portion becomes sixty (60) days past due and any commercial account becomes thirty (30) days past due. The account will be removed from cash only status when the past due portion is paid. Accounts that are on "Cash Only" status three successive months will be classified as permanent cash only. Removal from permanent "Cash Only" would require the account to be paid in full and a new credit application submitted for approval. Due dates and the revocation of credit privileges may be altered for certain accounts and purchases as determined by Synergy Feeds. No terms or conditions of purchase orders different from the terms of Synergy Feeds will be come part of any sales agreement, purchase order, or other document unless specifically approved in writing by Synergy Feeds.
5. A charge of twenty-five dollars (\$25) will be imposed for any check returned marked NSF.

**AUTHORIZING FOR CREDIT SEARCH:** I authorize investigations of all statements in this credit agreement and understand that misrepresentations or omissions of facts may be reason for disapproval now or cancellation of credit at a later date. If a credit account is established, I also agree to the credit terms as defined herein.

**SIGNATURE REQUEST:**

**Personal Accounts**

Applicant \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(sign name) (date)

Co Applicant / Spouse \_\_\_\_\_  
(req'd if married) (print name)

\_\_\_\_\_  
(sign name) (date)

**Business Accounts and Farm Accounts**

Applicant \_\_\_\_\_  
(print name)

By Its \_\_\_\_\_  
(title) (sign name) (date)

Personal Guarantee \_\_\_\_\_  
(may be req'd if Applicant is not an individual) (print name)

\_\_\_\_\_  
(sign name) (date)

Co Applicant / Spouse \_\_\_\_\_  
(may be req'd if Applicant is Farm Account) (print name)

\_\_\_\_\_  
(sign name) (date)

By signing above I agree to the terms and conditions contained in the Credit Agreement.

Thank you for your help and cooperation. SYNERGY FEEDS LLC - Credit Department

**Please return completed credit applications to:**  
Synergy Feeds  
PO Box 325  
South Whitley, IN 46787

Internal Use Only: Approved \_\_\_\_\_ / \_\_\_\_\_ Approved \_\_\_\_\_ / \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_  
Declined \_\_\_\_\_ / \_\_\_\_\_