CREDIT APPLICATION

Farm Service Cooperative
2308 Pine Street
P.O. Box 429
Harlan, Iowa 51537

PHONE: 800-452-4372
FAX: 712-755-7098

NAME_____ SOC. SEC. NO._____

SPOUSE'S NAME_____ SOC. SEC. NO._____

ADDRESS_____

MAILING ADDRESS (if different from above address)
_____
_____

CITY_____STATE_____ZIP_____

HOME PHONE_____CELL PHONE_____

FAX_____WORK PHONE_____

E-MAIL_____

PRODUCTS / SERVICES YOU PLAN ON PURCHASING_____
_____

ESTIMATED MONTHLY_____OR ANNUAL PURCHASES_____

BANKING INSTITUTION_____

LOAN OFFICER_____PHONE_____

CREDIT REFERENCES
(Business References, no Personal References, please)

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

(OVER, PLEASE)

Applicant certifies that all information contained herein is true and correct. Applicant grants permission to Farm Service Cooperative to obtain independent credit reports or credit reports or other information from its references and bank, and authorizes the credit references and bank reference to release information to Farm Service Cooperative that may be used to determine credit worthiness.

Applicant understands that in addition to the above information Farm Service Cooperative may also ask for a current financial statement to determine their creditworthiness.

Applicant agrees to pay their account in accordance with Farm Service Cooperative credit policy. Applicant agrees to pay finance charges on past due invoices which accrue at the rate of 1 ½ % (18% annually) on the first $500.00 and 1 ¼ % (15% annually) on the balance over $500.00. No additional credit purchases will be allowed if any account is past due according to Farm Service Cooperative's credit policy unless other arrangements are made directly with the Credit Department.

The laws of the State of Iowa shall govern all contracts entered into between Applicant and Farm Service Cooperative, and all disputes may be resolved within the Courts within the State of Iowa.

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE, (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPPORTUNITY, WASHINGTON, D.C. 20580.

If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Farm Service Cooperative, 2308 Pine Street, Harlan, Iowa, 51537, 712-755-3185 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

APPLICANT_____DATE_____

APPLICANT_____DATE_____