

**AgVantage FS, a division of GROWMARK, Inc.**  
**Application for Credit**

Date: \_\_\_\_\_

**Agricultural Producer: Yes \_\_\_ No \_\_\_**

AgVantage FS Location Presenting this App \_\_\_\_\_

Please check one: \_\_\_ INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ CORPORATION

\*\*\*\*\*

**ALL BLANKS MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED**

***Applicant:***

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Birthday \_\_\_\_\_  
SS # \_\_\_\_\_

***co-Applicant or spouse:***

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Birthday \_\_\_\_\_  
SS # \_\_\_\_\_

\_\_\_\_\_ **Address** (street, city, state, zip)

\_\_\_\_\_ **Business Name** \_\_\_\_\_ **Tax ID #** \_\_\_\_\_

\_\_\_\_\_ **Telephone Number** \_\_\_\_\_ **Dollar Amount Requested** \_\_\_\_\_ **Agricultural Producer: Yes \_\_\_ No \_\_\_**  
**Number of Acres Farming** \_\_\_\_\_

**Employed by:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Number of years:** \_\_\_\_\_ **Gross Annual Salary:** \_\_\_\_\_

**CREDIT REFERENCES:** Bank Name \_\_\_\_\_  
Address: \_\_\_\_\_ Bank Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

**Trade References** Name & Address, Telephone & Fax Number (Business accounts must list 3 trade references):  
\_\_\_\_\_  
\_\_\_\_\_

**AGVANTAGE FS CREDIT TERMS ARE AS FOLLOWS:**

All accounts are due & payable in full upon receipt of the monthly statement. As of the statement date a FINANCE CHARGE is determined by applying a periodic rate of 2.0% per month. (Corresponding annual percentage rate of 24.0%) to account balance over 30 days old. Upon default in payment of any interest, or any installment of principal, the whole amount then unpaid shall become immediately due and payable at the option of AgVantage FS, a division of GROWMARK, Inc. The undersigned applicant(s), in case of suit to collect any account, agrees to pay all expenses and fees including attorney's fees related to the collection.

All transport loads of fuel/fertilizer will be given a maximum of ten (10) days from delivery. Credit will be extended for a period of 30 days from original statement on an approved account, after 30 days from original statement date, no further credit will be extended. Payments are applied first to reduce the finance charge and then to reduce the oldest unpaid balance. A fee of \$30.00 will be charged on all returned checks.

I hereby authorize any Credit Bureau, Bank, Savings & Loan, Credit Union, Finance Company, Insurance Company, or Supplier with whom I have dealt (past and/or present), to release any & all information requested by AgVantage FS, a division of GROWMARK, Inc. It is understood that this information will be used solely for the purpose of evaluating my credit application with AgVantage FS, IN WITNESS WHEREOF, this application has been executed by applicant on \_\_\_\_\_ (date).

***SIGNATURES:***

**INDIVIDUAL**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co Applicant Signature

**PARTNERSHIP**

\_\_\_\_\_  
Partnership Name

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Partner's Signature

**CORPORATION**

\_\_\_\_\_  
Corporation Name

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Secretary's Signature

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**(319) 483-4992 Fax**