



CUSTOMER CREDIT APPLICATION

Application must be filled out in its entirety.

Return completed application to: Mid-Iowa Cooperative Attn: Accounting Department 101 Main Street PO Box 80 Beaman, IA 50609-0080

Company Information form with fields for Company Name, Fed ID#, In Business Since, Address, City, State, Zip, Phone #, Fax #, Business Type, Planned Purchases, Credit Limit Requested, and A/P Contact Name.

Banking Information form with fields for Bank Name, Contact, Address, City, State, Zip, Phone #, Fax #, Account #, and Branch.

Credit References form with two sets of fields for Company Name, Contact, Address, City, State, Zip, Phone #, and Fax #.

Authorized Signature

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 by governed by the laws of Iowa. The company hereby agrees that, in the event of legal action brought by Mid Iowa Cooperative as a result of the company's failing to fulfill any duty and/or obligation to Mid Iowa Cooperative, the company will pay any cost, including attorney's fees, incurred by Mid Iowa Cooperative in connection with said legal action.

Printed 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 Mid Iowa Cooperatives 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 Mid Iowa Cooperative to request consumer reports from consumer reporting agencies to consider this application.

Printed Name Signature Social Security No. Date

Information used for credit purposes only. **If applying for cardrol card(s), please complete page 2 of this application.



CARDTROL INFORMATION & AUTHORIZATION AGREEMENT

Application must be filled out in its entirety.

Return completed application to:
Mid-Iowa Cooperative
Attn: Accounting Department
101 Main Street
PO Box 80
Beaman, IA 50609-0080

Please designate the fuel types and number of corresponding cards desired.
[] No Lead Gasoline/Gasohol _____ Number of Cards
[] Highway Diesel _____ Number of Cards
[] All Fuel Types _____ Number of Cards

Please designate which options are needed.
[] Same Personal ID Number (PIN) for all cards
[] Odometer record function needed
[] Vehicle ID function needed
[] Employee ID function needed

Each cardtroll account will receive two (2) complimentary fuel cards. Any additional cards or replacement cards shall be assessed a fee of \$5.00 each and will be billed directly to the cardholder account.

Standard encoding will be a 30 gallon limit per transaction for gasoline products and a 150 gallon limit for diesel products.

Cardtroll Credit Policy

Fuel transactions will be billed as incurred and are due in full on the 15th day of the month following purchase. An account will be considered delinquent if not paid in full by the 15th day of the month following purchase. Accounts deemed delinquent shall have all corresponding cards locked for further use. Mid-Iowa Cooperative is not responsible for informing a customer before a card is locked out. A finance charge of 1.5% per month (18% annually) will be assessed on all past due balances. The cardholder is responsible for all charges and assessments made to the corresponding cardtroll account for all cards which have been issued to the account. The cardholder is solely responsible for the use of any card by any and all persons authorized and not authorized. In the event a card is lost or stolen the cardholder must immediately notify Mid-Iowa Cooperative's Beaman office. Upon notification, the lost or stolen card will be locked out until further notice.

Terms & Conditions

I hereby agree to the following terms and conditions of Mid-Iowa Cooperative for the privilege of using the cardtroll credit card system.

I agree not to leave the dispensing equipment unattended at any time while it is being operated and to accept the responsibility of controlling sources of ignitions. I further agree not to dispense Class I liquids into containers that are not in compliance with the State of Iowa Fire Codes.

I understand and agree that I am responsible for any damages incurred while using the dispensing equipment due to my negligence.

I understand and agree that all cardtroll cards are the property of Mid-Iowa Cooperative.

Please indicate your understanding and acceptance of the above Credit Policy and Terms & Conditions by signing below.

Signature lines for Applicant and Spouse, including fields for First Name, MI, Last Name, and Date.