



Consumer Credit Application

Box 432 / 2112 Indianapolis Road / Crawfordsville IN 47933
 (765) 362-6700 / (800) 878-0952 / FAX (765) 362-7010
 e-mail: credit@ceres.coop

THANK YOU FOR THE OPPORTUNITY! WHAT PRODUCTS OR SERVICES INTEREST YOU?

<input type="checkbox"/> AGRONOMY INPUTS	<input type="checkbox"/> PROPANE GAS	<input type="checkbox"/> CHECK IF CERES TANK IS ON SITE.	<input type="text"/>
<input type="checkbox"/> LIQUID FUEL DELIVERY	<input type="checkbox"/> FURNACE OIL	<input type="checkbox"/> CHECK IF TANK IS CUSTOMER-OWNED.	BRANCH / DEPARTMENT
<input type="checkbox"/> FUEL STATION CARD(S)	<input type="checkbox"/> CHECK IF YOU NEED A TANK	<input type="checkbox"/> KEEP FULL <input type="checkbox"/> WILL CALL	\$ <input type="text"/>
<input type="checkbox"/> THE TANK ON SITE BELONGS TO ANOTHER SUPPLIER.	<input type="checkbox"/> INTERESTED IN BUDGET PROGRAM		CREDIT REQUESTED

YOUR NAME (LAST, FIRST, MIDDLE) OR DBA IF APPLICABLE: DATE OF BIRTH (MM/DD/YY): SOCIAL SECURITY NUMBER: CERES ACCOUNT NUMBER IF KNOWN:

YOUR PRESENT ADDRESS: CITY/STATE/ZIP:

LAND LINE TELEPHONE: CELL PHONE: E-MAIL: SPOUSE CO-APPLY/ AUTHORIZED ON ACCOUNT? YES NO YES? SPOUSE'S NAME:

PRESENT EMPLOYER: HOW LONG?* SEE NEXT SECTION: OCCUPATION:

EMPLOYER ADDRESS: CITY/STATE/ZIP:

*PREVIOUS EMPLOYER IF AT CURRENT FOR LESS THAN THREE YEARS: HOW LONG?: OCCUPATION:

EMPLOYER ADDRESS: CITY/STATE/ZIP:

NAME OF YOUR BANKING INSTITUTION: ADDRESS: PHONE:

NAMES ON CHECKING/SAVINGS/RELATED LOANS . LIST BY ACCOUNT AND ACCOUNT NUMBERS:

HOME INFORMATION: OWN RENT HOW LONG? MORTGAGE HOLDER OR LANDLORD NAME: LANDLORD PHONE:

PLEASE PROVIDE THE FULL NAME AND PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU:

IS THERE A CO-APPLICANT OR AUTHORIZED SPOUSE? IF SO, PLEASE COMPLETE THIS SECTION.

IMPORTANT: Co-applicant must sign on reverse side to be considered. Co-applicant will be contractually liable on account.

CO-APPLICANT NAME (LAST, FIRST, MIDDLE): DATE OF BIRTH (MM/DD/YY): SOCIAL SECURITY NUMBER: CO-APPLICANT TELEPHONE OR CELL:

PRESENT ADDRESS: CITY/STATE/ZIP:

EMPLOYER: LENGTH OF SERVICE: OCCUPATION:

LIST THREE CREDIT REFERENCES.

NAME OF CREDITOR	TYPE OF ACCOUNT	LINE OF CREDIT/LIMIT	CURRENT BALANCE	PLEASE PROVIDE PHONE AND FAX NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIALS ENCLOSED. PLEASE NOTE: FOR CREDIT APPROVALS OF \$500,000 YOUR MOST RECENT FINANCIALS AND TAX RETURNS MUST BE SUBMITTED WITH THIS FORM. FINANCIAL STATEMENTS MAY BE REQUIRED FOR CREDIT LIMITS UNDER \$500,000 AS WELL.

IMPORTANT: HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS? NO IF YES, WHERE:

ARE THERE ANY GARNISHMENTS OR JUDGMENTS PRESENTLY LEVIED AGAINST YOU? NO IF YES, EXPLAIN:

WILL OUR ENERGY TEAM DELIVER FUEL TO A TANK? PLEASE HELP US FIND YOU.

DESCRIPTION AND DELIVERY ADDRESS WHERE YOUR FUEL TANK IS OR WILL BE LOCATED:

TANK SIZE: PREVIOUS SUPPLIER?:

ANY SPECIAL INSTRUCTIONS WE SHOULD KNOW?:

ARE YOU IN NEED OF FUEL CARDS FOR THIS ACCOUNT? PLEASE COMPLETE THIS SECTION.

CARD PRIMARILY USED FOR BUSINESS PERSONAL REQUIRE MULTIPLE CARDS? YES, I NEED OTHER CONSIDERATIONS?

By signing on this document, I/we indicate that I/we have read and agree to these TERMS AND CONDITIONS provided:

As the applicant(s), I/we have delivered this statement to the creditor (Ceres Solutions Cooperative, Inc.) for the purpose of securing credit. Everything that I/we have stated in this application is correct to the best of my knowledge. I/we understand that Ceres Solutions Cooperative will rely on the truth, accuracy and completeness of this statement. I/we certify that the information contained herein has been carefully read, and is true, correct and complete.

I/we agree to pay the balance due, and in addition, all applicable Finance Charges which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time, including, but not limited to, periodic statements sent to me setting forth outstanding obligations I/we have to you.

I/we hereby agree to pay all attorney fees and court costs if this account is referred to attorneys for collection, without relief from valuation and appraisal laws. In the event judicial proceedings are commenced to collect sums owed on the account, all parties agree that such proceedings shall occur in one of three counties and all parties hereby consent to jurisdiction of the Courts: Montgomery County, Indiana; or Branch County, Michigan, or Newago County, Michigan, at the discretion of the creditor.

In accordance with Article 9 Section 402 of the UCC Code, the buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations. I/we hereby acknowledge Ceres Solutions Cooperative may run a lien search for the entity or individual applying for credit. The buyer further authorizes the seller to file a financing statement without buyer's signature.

A Finance Charge is computed by a periodic rate 1.75% per month (or a minimum finance charge of 50 cents) which is an Annual Percentage Rate of 21% per annum, applied to that portion of the amount that was subject to charge at that time. This charge is made on the last day of the closing date of each monthly period. The balance used in computing the finance charge each month is determined according to Credit Descriptions. For Regular, Summer Fill, Spring Agronomy, and Fall Agronomy, we use the Balance Forward amount which is unpaid at billing date and subject to finance charge according to specific terms. The input financing program is also subject to finance charge according to specific terms.

I authorize Ceres Solutions Cooperative to enter my property at all reasonable times for the purpose of placing, inspecting, maintaining and removing petroleum tanks and related equipment. I understand and agree that Ceres Solutions Cooperative will not be held responsible for any damage to my property caused by such placement, inspection, maintenance or removal.

By signing, I authorize Ceres Solutions Cooperative to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer any questions about their credit experience with me. I authorize Ceres Solutions Cooperative to release this application to my bank in order to obtain a bank reference. See future billing statements from Ceres Solutions Cooperative for important updates.

Please sign: Incomplete applications will be returned or disapproved. Signature indicates you have read and agree to all terms and conditions.

Applicant Print Name

Co-Applciant Print Name

Applicant Signature

Date

Co-Applciant Signature

Date

Thank you! Return this form to your local branch or the address/fax number provided. This form must be printed out, signed by hand by all applicants and returned to Ceres Solutions Cooperative. For your protection, only hand-signed scanned versions can be sent via e-mail.

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signed applications can be scanned to: credit@ceres.coop



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THANK YOU FOR THE OPPORTUNITY! All applicants are notified in writing upon review.

09-01-17 e

FOR OFFICE USE ONLY

Department:

Approved? YES NO

Date:

Approved or Denied by:

Approved amount: