

TIPTON  
 P.O. Box 192  
 Tipton, Iowa 52772  
 Office 563-886-6177  
 Fax 563-886-2508  
 1-888-419-6759



WEST BRANCH  
 P.O. Box 821  
 West Branch, Iowa 52358  
 Office 319-643-7101  
 Fax 319-643-7120  
 1-800-383-3939

**Customer Application**

Type of Application (check one) \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Applicant Name: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Business Name: \_\_\_\_\_ FEIN # \_\_\_\_\_

Address: \_\_\_\_\_ Are you over 18? - Yes - No See Below

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Soc Sec. # \_\_\_\_\_

Soc Sec. # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Household Own or Lease (circle) \_\_\_\_\_ If Rent Landlords Name \_\_\_\_\_

**Employment Info:** Telephone # \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_

City, St., Zip \_\_\_\_\_

**Banking Info:** Telephone # \_\_\_\_\_

Name of Bank \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

**Credit Reference(s)** Telephone # \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**Product/Services Requested**

Cardrol Fuel Card \_\_\_\_\_ If yes how many cards? \_\_\_\_\_ Do you want a pin number? \_\_\_\_\_

LP Gas \_\_\_\_\_ Tank owned/Leased \_\_\_\_\_ Crop Inputs \_\_\_\_\_

Diesel Fuel \_\_\_\_\_ Tank owned/Leased \_\_\_\_\_ Feed \_\_\_\_\_

**TERMS AS FOLLOWS**

Account balances are due at the end of the month following the previous months statement cycle. A Finance Charge of 1.65% per month (19.8% apr) will be applied to balances over 30 days old. The applicant agrees to pay all costs associated with collections, including court costs and attorney fees. Applicant authorizes any Credit Bureau, Banks, or Suppliers to release information requested. Applicant acknowledges the receipt of a propane safety guide with signature provided below. Any deviation to these terms will be provided on the invoice of product or services billed.

SIGNATURES: INDIVIDUAL PARTNERSHIP CORPORATION

\_\_\_\_\_  
 Individual Signature Partnership Signature Presidents Signature

\_\_\_\_\_  
 Spouse Signature Partnership Signature Secretary Signature

\*\*\*\*Parent/Guardian to Sign if Applicant is Under 18