PIATT COUNTY SERVICE COMPANY

427 W Marion St
Monticello, IL 61856
217-762-2133
www.piattfs.com

Commercial Credit Application/Agreement

Full Legal Name of Business or Individual (applicant)		Phone #	
Address, Street # or RR		S.S.# or TIN #	
P.O. Box	City	Dun & Bradstreet #	
EMAIL		State	Zip Code

Farm Bureau Member yes no County Mem. # _____

Applicant is a (check one)

_____ **Partnership**
Location of "Chief Executive Office"
if different from above:

_____ **Corporation** **(or)** _____ **Limited Liability Co.**
Date of Incorporation: _____
Provide State of Organization: _____
Organizational Identification Number: _____

Co-Applicant/Partner/Shareholder Information:

Full Legal Name	S.S.# or TIN #	Phone #	City	State	Ownership %
Full Legal Name	S.S.# or TIN #	Phone #	City	State	Ownership %

Your Primary Business Product or Service: _____

Subsidiary or division of any other company? (check one) No ☐ Yes ☐ If so, give name of parent company: _____

Purchase Orders Required? (check one) No Yes If yes, give details: _____

Type of purchases antipicated: _____ Name of primary salesperson: _____

Credit Limit Requested: _____

Accounts Payable Contact: _____ Phone #: _____ Fax #: _____

Bank & Lending References (attach separate list if necessary):

Name:	Address:	Phone:	Fax:	Contact:	Acct.#:

Trading References (attach separate list if necessary):

Name:	Address:	Phone:	Fax:	Contact:	Acct.#:

AGREEMENT

I/we (applicant) gives the above information for the purpose of obtaining credit from PIATT COUNTY SERVICE COMPANY and said information is certified to be true. All applicants authorize company to investigate applicant's credit as necessarry to act on or verify information contained herein, through all available means. Applicant further authorizes any bank or other grantor of credit to applicant to release to company or its assignee all credit and financial information requested, and consents to company giving such creditors a copy of this application upon request. In consideration of PIATT COUNTY SERVICE COMPANY selling merchandise and services to the applicant(s), the applicant(s) agree to the following terms:

1. In the event the amount due the Company as evidenced by the monthly statement is not paid in full within 30 days, a FINANCE CHARGE may be computed on the unpaid balance. Such unpaid balance includes any charges remaining unpaid from the previous monthly statement after deducting payments and/or credits received during the current billing cycle. This FINANCE CHARGE shall be calculated for each billing cycle as long as there remains an unpaid balance. To the extent permitted by law, you will also be required to pay our collection expenses, including court costs and reasonable attorney's fees.
2. The amount of such FINANCE CHARGE will be computed on the unpaid balance at a periodic rate of 2% on such unpaid balances. (Minimum FINANCE CHARGE is $.50.) This represents an ANNUAL PERCENTAGE RATE of 24%.

I hereby acknowledge receipt of a copy of this Credit Application. Signed this _____ day of _____, 20_____

Individuals:	Partnership:	Corporation:
Signed:_____	Signed:_____	Signed:_____
Print Name:_____	Print Name:_____	Print Name/Title:_____
Signed:_____	Signed:_____	Signed:_____
Print Name:_____	Print Name:_____	Print Name/Title:_____

3. Credit privileges will be extended for a period of 30 days from the date of the merchandise or service first appeared on a monthly statement. After this 30 day period, no further credit will be extended until payments are received to bring the account within this 30 day period.
4. Accounts that have balances over $1,000 and are 60 days past due will be sent a certified letter stating that they will be given 30 days to pay their bill or can secure an Agri-Finance note. After those 30 days and a balance is still outstanding, the patron will be sent to the lawyer for collection. Management will present cases for exceptions to this policy.

Notify Us in Case of Errors or Questions about Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us (on a separate sheet) at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract in accordance with applicable State law); 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 FS Company is the Federal Trade Commission, Washington, D.C. 20580.

I hereby acknowledge receipt of a copy of this Credit Application. Signed this _____ day of _____, 20____.____

Individuals:	Partnership:	Corporation:
Signed:_____	Signed:_____	Signed:_____
Print Name:_____	Print Name:_____	Print Name/Title:_____
Signed:_____	Signed:_____	Signed:_____
Print Name:_____	Print Name:_____	Print Name/Title:_____

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