



COMMERCIAL CREDIT APPLICATION AND CREDIT AGREEMENT

PO BOX 2188 SCOTTSBLUFF, NE 69363-2188 PHONE: 308-632-5301 FAX: 308-632-5375

Service Requested (check all that apply): <input type="checkbox"/> Propane <input type="checkbox"/> Tires <input type="checkbox"/> Misc <input type="checkbox"/> Cardrol Cards <input type="checkbox"/> Fuel <input type="checkbox"/> Oil <input type="checkbox"/> Agronomy			
Amount Requested: _____		If Cardrol, Number of Cards Requested: _____	
Card Input Requirements: Odometer Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle Number: <input type="checkbox"/> Yes <input type="checkbox"/> No			

APPLICANT INFORMATION:			
BUSINESS NAME: _____		DBA: _____	
FED TAX ID # _____	BUSINESS TYPE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP		
MAILING ADDRESS: _____		CITY/STATE/ZIP: _____	
PHYSICAL ADDRESS: _____		CITY/STATE/ZIP: _____	
OFFICE PHONE: _____	CELL PHONE: _____	WEBSITE: _____	
DATE ESTABLISHED: _____	STATE ESTABLISHED IN: _____	AVERAGE ANNUAL SALES: _____	
COMPANY CONTACT PERSON: _____		PURCHASE ORDERS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OWNER INFORMATION (20% OR MORE):			
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	ADDRESS

TRADE REFERENCES:			
NAME	CONTACT	ADDRESS	PHONE NUMBER

BANK REFERENCES:			
TYPE OF ACCOUNT	BANK NAME	CONTACT PERSON	PHONE NUMBER
OPERATING LOC/LOANS			
CHECKING			
SAVINGS			

Terms & Conditions:
 Unless otherwise agreed to in writing, all accounts are due & payable in full on the 15th of each month for the prior month's purchases. I(we) understand that if any portion of the balance remains unpaid after the due date, I(we) may be placed on a cash basis until that amount is paid. I(we) understand that a FINANCE CHARGE of 1.33%(16% APR) will be assessed on any past due balance (minimum charge of \$.50). Payments shall be applied first to any unpaid Finance Charge, then to the remaining outstanding balance due. In the event that collection proceedings must be instituted to collect any balance due, I(we) understand that I(we) may be subject to, and agree to be liable for, additional collection agency fees, court costs and/or attorney fees. All parties to the application agree to be bound by the terms of this Agreement, and each agree to be jointly and severally liable for payment of all purchases made under this Agreement. PCA shall have the right to limit or terminate the Agreement, as well as the resulting open account at any time, but such termination shall not affect my(our) obligation to pay any outstanding balance on the account. PCA may declare the entire outstanding balance due and payable in full at any time it deems necessary.

I(we) state that all information contained herein is correct to the best of our knowledge, and hereby consent and agree to, and authorize the use of a credit report at any time to determine credit worthiness. I(we) authorize all trade and banking institutions listed above to release requested credit information to PCA as part of this Application. I(we) understand that PCA will retain this Application and Credit Agreement even if not approved. This Application and Credit Agreement does not create an obligation for PCA to supply services to us. It is expressly agreed that a photocopy and/or faxed copy of this authorization be valid as an original.

Signature _____	Signature _____
Date _____	Date _____

PERSONAL GUARANTY:
 I(We), absolutely and unconditionally, personally guarantee the full and prompy payment of any and all sums owed to PCA by the above named entity. This guaranty shall be a continuing and irrevocable guaranty and indemnity for indebtedness of the entity. I(we) do hereby waive notice of default or non-payment and consent to any modification or renewal of the credit agreement hereby guaranteed. I(we) agree to pay upon demand any amount due PCA by the entity whenever the entity shall fail to pay the same when due. I(we) agree to further indemnify PCA against any resulting claims, losses or damages it may suffer by reason of failure of the above named entity to perform its obligations to PCA.

Signature _____	Signature _____
Date _____	Date _____

Internal use only. Salesperson: _____