

W S AG CENTER, INC.

16453 HWY. 81 WEST • DARLINGTON, WI 53530
608-776-3860 – PHONE • 608-776-2405 – FAX

CREDIT APPLICATION

FULL NAME AND/OR OFFICIAL COMPANY NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ FAX: _____

() INDIVIDUAL AND/OR SPOUSE () PARTNERSHIP () CORPORATION

SOCIAL SECURITY NUMBER AND/OR FED #: _____

NAMES OF ALL OFFICERS, PARTNERS, OWNERS, AND/OR AUTHORIZED AGENTS:

NAME	TITLE	AGE	ADDRESS	PHONE
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OTHER AUTHORIZED PEOPLE WHO CAN CHARGE ON YOUR ACCOUNT:

ACRES OWNED: _____ NUMBER AND KIND OF LIVESTOCK: _____

ACRES RENTED: _____

CROP ACREAGE: CORN _____ WHEAT _____ SOYS _____ VEGGIES _____ ALPHALFA _____

LENDERS:

NAME	CONTACT	ADDRESS	PHONE
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BANK CHECKING ACCOUNT NAME AND PHONE #: _____

BANK SAVINGS ACCOUNT NAME AND PHONE #: _____

CREDIT REFERENCES:

NAME	CONTACT	PHONE
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1. _____

2. _____

3. _____

MAXIMUM CREDIT ACCOMMODATIONS DESIRED SUBJECT TO STATED TERMS \$ _____

** FOR AMOUNTS OVER \$10,000 A COPY OF A RECENT FINANCIAL STATEMENT IS REQUIRED.

OPEN ACCOUNT POLICY

The information given herein is true and is given to cause W S Ag Center, Inc. to rely on it for the purpose of extending credit to above named applicant. Applicant is providing the above information in order to obtain credit of W S Ag Center, Inc. In consideration for receiving credit from W S Ag Center, Inc., applicant agrees to abide by any and all terms and conditions on billing invoices including service charges of 18% APR. This agreement binds applicant and his/her spouse, heirs, executors, administrators, and assigns jointly and severally. Applicant waves notice of acceptance of this agreement. Applicant authorizes release of information from other credit suppliers for the purpose of evaluating credit. Applicant hereby agrees to the above terms and any additional wording on billing invoices.

CREDIT TERMS

Payment is due on or before applicable due date. Any purchase for which payment is not received by due date, will be assessed a financial charge computed at a rate of 1.5% per month (equal to 18% per annum) for a period commencing on or after the date of purchase to date payment is received. If any unpaid balance is referred to an attorney for collection, I will pay to the extent permitted by law, reasonable attorney's fees, all costs, and the finance charge accrued on said unpaid balance. I/We acknowledge receipt of the W S Ag Center Inc. credit policy and payment terms and agree to abide by the policy and terms.

NAME (PRINT) _____

SIGNATURE _____

TITLE _____

DATE _____