



SOUTH CENTRAL FS, INC.
CREDIT APPLICATION
Fill out Completely

| | | | | | |
|------------------------|----------------|---------|--------------------|----------------------|---------------|
| Applicant Last Name | First | Initial | Social Security # | Phone Number | Date of Birth |
| Co-Applicant Last Name | First | Initial | Social Security # | Phone Number | Date of Birth |
| Address | City | State | Zip Code | Own | Rent |
| Current Employer | Address | | Phone # | Years Employed | |
| Position | Monthly Income | | Farm Bureau Member | If Yes, Which County | |
| | | Yes | No | | |

| | | |
|---------------------------------------|---------------------------|------------------|
| Types of Purchases: | Propane Tank: | Tank Size |
| Propane Fuel Faststop Ag Feed | Owned Leased New Tank | 120 500 1000 |

| | |
|----------------|---|
| Email address: | Would you like to go paperless and receive your statements via email? |
| | Yes No |

If you would like to be set up for online billing please visit our website at www.southcentralfs.com

Credit References:

| | | |
|---|---------|--------------|
| Name of Bank | Address | Phone Number |
| | | |
| Previous LP Supplier or Trade Reference | Address | Phone Number |
| | | |

Disclosure

Credit Terms:
 All statements are due on the 25th of the month.
 The statement will cover purchases from the 1st of the month through the last day of the month. Statements will be mailed approximately the 5th of the following month. A finance charge of 2% will be added on the last day of each month thereafter on any unpaid balance.
 Any account over 90 days old will be subject to collection procedures.

Credit Request & Agreement:

My signature certifies that the above information is correct. As part of this application for credit, I grant South Central FS, Inc. and all entities of South Central FS, Inc. permission to contact consumer credit reporting agencies, and any or all the trade and bank references listed above. I also give consent to any lender providing services to me to release my current financial statement upon request. In the event of default, South Central FS, Inc. or any of its entities has the right to declare the entire balance of your account immediately, due and payable. If any unpaid balance is referred to an attorney for collection, you will pay to the extent permitted by law, reasonable attorney fees and collection costs. I am requesting that credit be extended to me, subject to the Credit Terms of South Central FS, Inc. and all entities of South Central FS, Inc..

| | |
|--------------------------|-------|
| Applicants Signature: | Date: |
| | |
| Co-Applicants Signature: | Date: |
| | |

Please Return to: PO Box 629, 405 S Banker St Effingham, IL 62401
Phone: (217) 342-9231 Fax: (217) 347-5959
Email to: credit@southcentralfs.com

Office Use Only:

| | | | | |
|---|---|---|---|---------------|
| Account # | Approval/Declined Date | Approved by | Salesperson #: | #WSS22 |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | |